2011-2012 Master Class Registration Form
*__**1 form per student**__*

_____New Student or Returning AFTER a 1+yr absence

**If the student enrolling has danced at DXP within 1 school year and no contact info has changed, you can skip this page

Student Info Form

Student Name (first and last): _____

Birthday: _____/_____/_____   Male or Female: _____

Parent / Guardian Name(s): _____

Home Address: _____ /_____/_____
                          (street address)   (city)   (zip)

Phone #: (_____) _____   Alternative Phone#: (_____) _____

Parent Email (required):_____

Emergency Contact: _____ Emergency Phone #: (_____) _____

How did you hear about us? _____   Years of dance training: _____

Does your child have any allergies (insect stings/bites, foods, medications…)?
        Yes_____   No _____   If yes, please list them: _____

Does your child consistently take any medications?
        Yes_____   No _____   If yes, please list them: _____

Does your child have any medical or special needs in which you feel we should be aware of?
        Yes_____   No _____   If yes, please list them: _____

__Dance Xplosion, LLC - Studio Waiver__

In consideration of your acceptance of the enrollment, I, intending to be legally bound, do hereby waive, release, and forever discharge all rights and claims against Dance Xplosion, LLC and/or involved staff for damages or injury sustained by me or my child while in classes or on studio premises before or after class, or at any other studio activities including but not limited to recitals, workshops, camps, intensives, competitions, performances, and visits to surrounding community businesses. I authorize and agree to hold harmless Dance Xplosion, LLC, to obtain medical emergency assistance when they deem necessary and for Dance Xplosion LLC to provide transportation to receive such medical assistance for myself and/or my child named below.

I further agree to be financially responsible for all medical services provided to me and/or my child named below, including the cost of defense and enforcement of this indemnity agreement.

I understand and agree that Dance Xplosion LLC and staff may administer first aid on Dance Xplosion premises in the event of minor injuries. Guardians will be notified if basic first aid is provided to any child.

I authorize Dance Xplosion, LLC to use photos taken of me or my child while at dance or dance functions for marketing and promotional materials, including website. I acknowledge that my child may be videotaped for educational and performance purposes only, including but not limited to recital(s).

Please note that Dance Xplosion, LLC agrees to not make public or resell any private information provided to it by students and their families.

I have read the foregoing Studio Waiver and agree with it in all respects.   Student Name(s): _____   Guardian Name (printed): _____   Guardian Signature: _____   Date: _____/_____/_____

Rcvd. Waiver Sig & Info OR on file from w/in year _____   Rcvd Reg. Form _____

Student Name (first and last): _____

Event Name	Student Age	COST
		$
		$
		$
		$

SUB TOTAL $_____

DISCOUNTS:
$5 off TOTAL if enrolling in & paying for 2 events @ one time
$10 off TOTAL if enrolling in & paying for 3 events @ one time
$15 off TOTAL if enrolling in & paying for 4 events @ one time
****$5 off TOTAL if a current DXP Company Member**

DISCOUNT − (if applicable) $_____

AMOUNT DUE NOW $ [_____]

*All payments are non-refundable
IF we are informed at-least 1-week prior to the class that you will no longer be able to attend, a full credit will be applied to your account that can go toward future classes. After that point, no credits will be provided for any reason.

COSTS:
Beauty & the Beast - 2hr class - $35
Wicked - 2hr class - $35
Mary Poppins - 2hr class - $35

CHECKS: Please make checks out to "Dance Xplosion"
CREDIT CARDS BY MAIL or FAX, please fill in below (no phone payment/enrollment unless on autopay):

☐ PLEASE CHARGE TO AUTOPAY CARD THAT DANCE XPLOSION CURRENTLY HAS ON FILE

Card Type: <u>VISA</u> / <u>MasterCard</u> / <u>Discover</u>   3-Digit Code: _____   Expiration Date: _____/_____/_____

Card #: _____   Amt to be charged monthly: $_____

 Card Holder Name (as seen on card): _____ Billng Zip: _____

Signature: _____ Date: _____/_____/_____

OFFICE
-Enter info (Special Event) & pymt in SD
-Stamp Reg Form & Slip
-Slip & Form = blue bin   -Waiver = black bin

www.DanceXplosionAustin.com   512.301.9222 <u>OR</u> 512.373.8282   info@DanceXplosionAustin.com