

# **Dance Xplosion Adult "Class Card" Enrollment Form**

*\*1 form per student / \*For post-high school students*

\_\_\_\_ New Adult or Returning after a 1+yr absence

\*\*If you have danced at DXP within 1 year to date and no contact info has changed, you can skip this page

## **Student Info Form**

Adult Name: \_\_\_\_\_  
(Last) (First)

Home Address: \_\_\_\_\_  
(Street name and #)  
\_\_\_\_\_/\_\_\_\_\_  
(City) (Zip)

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email (required): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: (\_\_\_\_\_) \_\_\_\_\_

\*Do you have any medical or special needs in which we should be aware of (medications, allergies, injuries, etc)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\*Styles of dance currently interested in taking at DXP: \_\_\_\_\_

\*How did you hear about Dance Xplosion (please be specific)? \_\_\_\_\_

## **Dance Xplosion, LLC - Studio Waiver**

In consideration of your acceptance of this agreement, 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, competitions, performances, and visits to surrounding community businesses. I authorize 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 agree to reimburse Dance Xplosion LLC and hold it harmless for any expense, claim or liability incurred by Dance Xplosion LLC in obtaining such assistance and providing such transportation.

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.

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

**By Signing below I acknowledge that I have read the foregoing Studio Waiver and agree with it in all respects AND I acknowledge that I received my Class Card on today's date and I understand that Dance Xplosion is not responsible for and will not replace lost, stolen or damaged cards.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rcvd. Waiver Sig & Info \_\_\_\_\_ Rcvd Reg. Form \_\_\_\_\_

Purchaser Name: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Total # of classes being purchased: \_\_\_\_\_

Total Amount Due Now: \$ \_\_\_\_\_

Birthday (day/month): \_\_\_\_\_ / \_\_\_\_\_ / ☺

<b>Class Cards</b>	
For post high school students, class cards do NOT expire	
We are NOT responsible for lost, stolen or damaged cards and the card <u>MUST</u> be present to take class	
Class cards are NOT transferable to children or other adults	
Class cards are NOT redeemable for cash	
Class cards are for students 18+ years of age	
Registration fee is NOT required	
<b># of Classes</b>	<b>Cost</b>
1 class	\$15
5 classes	\$65
10 classes	\$120
15 classes	\$165
20 classes	\$200
25 classes	\$225
30 classes	\$240

**Please make checks payable to "Dance Xplosion" and write name on check.**

OR

**Pay in person via Visa, MasterCard, or Discover**

**Payment Option...**

CHARGE TO AUTOPAY CARD THAT IS CURRENTLY ON FILE FOR MY CHILD

Child's Name: \_\_\_\_\_

Adult Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE  
-Enter in SD (w/bday) as Guardian AND student  
-Stamp Reg Form & Slip  
-Slip & Form = blue bin    -Waiver = black bin