

Dance Xplosion HIGH-SCHOOL "Class Card" Enrollment Form

**For approved high school dance team students taking Summer Classes*

**1 form per student*

Student Name (first and last): _____

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

Parent Guardian Name (first and last): _____

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

Phone #: (____) _____ Email (required): _____

Emergency Contact Name: _____ Phone: (____) _____

Team Name: _____ Director's Name: _____

***NOTE:** To purchase a Summer Class Card you must be a member of an approved dance team.

Does your child have any allergies (insect stings/bites, foods, medications...)?

Yes _____ No _____ If yes, please list by child: _____

Does your child have any medical/special needs in which you feel we should be aware? (medications, illnesses...)

Yes _____ No _____ If yes, please list them by child: _____

You must initial the following policies in order to purchase a class card at Dance Xplosion. By initialing the following you acknowledge that you have read, understand and agree with them in all respects.

_____ Dance Xplosion is NOT responsible for and will not replace lost, stolen or damaged cards

_____ Your card MUST be present to take class (NO EXCEPTIONS!)

_____ Summer Class Cards are only for members of approved dance teams. By initialing you are confirming that you will be on one of the approved teams during the upcoming school year (see our front desk for a full list of approved teams).

_____ Summer Class Cards for high school dancers **EXPIRE the last day of Summer Session 2, August 10th. There are no exceptions to this rule and no applying pro-rated amounts for unused classes to privates, retail or future classes/camps/intensives at Dance Xplosion.**

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 you acknowledge that you have read the foregoing Studio Waiver and agree with it in all respects AND you acknowledge that you received a Class Card in hand on today's date.

Printed Guardian Name: _____

Guardian Signature: _____ Date: ____/____/____

Office Use: Rcvd. Waiver Sig & Info _____ Rcvd Reg. Form _____

High School Dancer Name: _____

Team Name: _____ Director's Name: _____

Date Purchased: _____

Total # of classes being purchased: _____

Total Amount Due Now: \$_____

High School Summer Class Cards	
Cards for high school dancers EXPIRE the last day of Summer Session 2. No refunds and no money transfers for private lessons, intensives, retail or future classes. No exceptions.	
We are not responsible for lost, stolen or damaged cards and the card <u>MUST</u> be present to take class.	
No registration fee required	
<u># of Classes</u>	<u>Cost</u>
1 class	\$16
4 classes	\$62
8 classes	\$115
10 classes	\$140
12 classes	\$165
15 classes	\$185
16 classes	\$195
20 classes	\$220
24 classes	\$240

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

OR

Pay in person via Visa, MasterCard, or Discover

Payment Option...

CHECKS: Please make checks out to "Dance Xplosion"

CHARGE TO AUTOPAY CARD THAT WAS ON FILE FALL 2012-SPRING 2013 *sign below*

Signature: _____ Date: ____/____/____

OFFICE -Enter info & payment in SD as a student in SD -Stamp Reg Form & Slip -Slip & Form = blue bin -Waiver = black bin
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