

## Dance Xplosion Trial Class Form

TRIAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

<u>Class Name &amp; Level</u>	<u>Day &amp; Time</u>	<u>Class Length</u>

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

Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ School Name: \_\_\_\_\_

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

Parent / Guardian Name(s): \_\_\_\_\_

Phone # (required in case of emergency): (\_\_\_\_\_) \_\_\_\_\_

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

\*\*Do you (if you're taking class) or your child have any needs in which we should be aware of (medications, etc.)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\*Years of dance training: \_\_\_\_\_

\*Styles of dance interested in studying: \_\_\_\_\_

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

**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: VISA / MasterCard / Discover      3-Digit Code: \_\_\_\_\_      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card #: \_\_\_\_\_      Amt to be charged monthly: \$ \_\_\_\_\_

Card Holder Name (as seen on card): \_\_\_\_\_      Billing Zip: \_\_\_\_\_

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

**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.

**I have read the foregoing Studio Waiver and agree with it in all respects.**

Student Name: \_\_\_\_\_

Print Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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