



**Section 1**

1) Student's name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_  
 Parent's or legal guardian's names \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone [\_\_\_\_\_] \_\_\_\_\_  
 Work Phone [\_\_\_\_\_] \_\_\_\_\_ Cell Phone [\_\_\_\_\_] \_\_\_\_\_  
 Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Does the student have any ailments or restrictions? Yes /No If yes, please explain:  
 \_\_\_\_\_

**Section 2**

(Please fill out this section if you are a new student)  
 How did you hear about us? \_\_\_\_\_ Has the student had any previous dance training? Yes No  
 Name(s) of current or previous dance school(s) \_\_\_\_\_

**Section 3**

Please list the intensive you/your child will be enrolling in-

BOLLYTONIC  STREET DANCE  ZUMBA  BOLLYTONIC  PILATES

CONTEMPORARY  SALSA  BALLROOM

Would you be interested in the workshop on the following performing arts

BELLY DANCING  BALLROOM

**Payment Options-**

CHEQUE  CASH  DEMAND DRAFT

**Release of Liability**

As the legal parent or guardian, I release and hold harmless Bijoux Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Fusion Dance Academy, its owners and operators or in route to or from any of said premises.

**Medical Emergency**

The undersigned gives permission to Fusion Dance Academy, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician \_\_\_\_\_ be called and that my child be transported to \_\_\_\_\_ hospital.

**Payment and Tuition Information**

Tuition fees is due at registration. We do not prorate sessions for missed days.

I've read all of the above and the Studio Policies and agree.  
 \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Signature of parent or legal guardian, if student is under age 18, or student age 18 an older