

Rubio's Dance Studio

2009/2010

Class Registration Form

1480 Jamacha Rd. #206, El Cajon, CA 92019 (619) 579-6197

STUDENT INFORMATION

(ONE FORM PER STUDENT, PLEASE WRITE CLEARLY)

Date _____

Student Name First _____ Last _____

Home Address _____ City _____ Zip _____

Student Home Phone () _____ - _____ Age _____ Birthdate ___/___/___ or Adult _____

Student Cell () _____ - _____ Parent Cell () _____ - _____

Parent's E-mail _____

Years of Training or Special Skills:

How did you hear about the Rubio's Dance Studio? _____

School Student Attends _____ Grade _____

STUDENT/PARENT.....PLEASE FILL IN YOUR CLASS SELECTIONS:

CLASS DAY	CLASS TIME	TEACHER

NOTES:

Total Monthly Tuition: \$ _____

Registration Fees: \$ _____

Costume Deposit: \$ _____

Total Payment Attached: \$ _____

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____
Policy Number: _____

FAMILY DOCTOR: _____
Address: _____
Phone # _____

PLEASE SPECIFY ANY PHYSICAL MEDICAL CONDITIONS:
Operations, serious injuries, diseases:

PLEASE SPECIFY ANY PHYSICAL ACTIVITIES YOUR CHILD SHOULD BE
RESTRICTED FROM:

Give name and purpose of medication taken

It is the responsibility of the Parent(s) or Guardian(s) to inform the studio, as well as the instructor, of any illness or injury that should limit their child's participation in specific physical activity.

PARENT INFORMATION

Father's Full Name _____

Father's Employment _____ SS# _____ Driver's License # _____

Address of Employer _____ Work Phone # _____

Mother's Full Name _____

Mother's Employment _____ SS# _____ Driver's License # _____

Address of Employer _____ Work Phone # _____

CHILD RELEASE AUTHORIZATION

Persons **AUTHORIZED** to pick up child from the studio:

Name	Relationship
_____	_____
_____	_____
_____	_____

Persons **UNAUTHORIZED** to pick up child from the studio:

Name	Relationship
_____	_____
_____	_____
_____	_____

PARENT'S AUTHORIZATION/WAIVER

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the Rubio's Dance Studio and its programs. The minor is physically able and mentally prepared to participate in all activities associated with the Rubio's Dance Studio and its programs. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the Rubio's Dance Studio and its programs. I will not hold the Rubio's Dance Studio liable for any injuries incurred during the program whether caused by equipment or the acts or omissions of others including Rubio's Dance Studio personnel. I further agree and specifically intend to waive as to the Rubio's Dance Studio and staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the Rubio's Dance Studio as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special

supervisions of the California Medical Practice Act of the medical staff of any hospital whether such diagnosis or treatment rendered at the office of the physician or at the hospital. I understand that the Rubio's Dance Studio is not responsible for costs incurred for medical care. If I participate in the Rubio's Dance Studio programs, whether as an instructor, aide, spectator or participant, I presently waive as to the Rubio's Dance Studio and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts or omissions of others including Rubio's Dance Studio personnel.

Parent/ Guardian Signature

Date

- Rubio's Dance Studio assumes no responsibility for loss or theft of personal belongings or holdings.
- Monthly payments are due on the first of the month. If your monthly tuition has not been paid in full by the 15th of the month, a \$15.00 late fee will be added to your account. **Statements are only sent to delinquent accounts.** A \$15.00 late fee will be added to each month's tuition for a balance that is left unpaid. If your child is ill or is going to be out of town, be sure to mail in your tuition to avoid a late fee and hold your child's place in class. Checks can be placed in the tuition box near the office door.
- Some months have 5 dance classes, some 4 and some 3 (due to holidays). Tuition is calculated based on the entire school year and you will be charged the same amount each month.

I HAVE READ AND RECEIVED THE POLICIES, FEES AND STUDIO RULES, AND AGREE TO ABIDE BY THE POLICIES AS WRITTEN:

Parent/Guardian Signature

Date