

Student's Name↑	Age (as of 8/21/21)↑	Date of Birth↑
Street Address↑	City	State Zip Code
Academic School↑	Grade (2021-2022)	Preferred Contact Email
Parent 1 Name↑	Parent 1 Phone #	Parent 1 Email
Parent 2 Name↑	Parent 2 Phone #	Parent 2 Email
Additional Emergency Contact↑ (cannot be Parent 1 or 2)	Phone	Relationship to Student

Type of Previous Training, Studio & Number of Years (if not at SDS D, if all at SDS D please leave blank)↑

• Do you have any information that would help our faculty better instruct your child? Does your student have any medical conditions, physical or learning disabilities, or emotional/behavioral difficulties that would interfere with your child's ability to participate in class? These would include: serious allergies, ADHD, ADD, IEP or 504 at school, Autism, nonverbal tendency, severe tantrums, OCD, anxiety, shyness, dyslexia, auditory processing delays, etc. If applicable, also please list all current medications. If yes, please explain: ↓

Class Selection:

Class Level <i>Example: Pre-Ballet</i>	Day of the Week <i>Tuesday</i>	Time of Day <i>5:15-6:00</i>	Tuition \$	Tuition Rates <i>For your reference</i>
				30 min = \$45/month
				45 min = \$50/month
				60 min = \$55/month
				75 min = \$58/month
				90 min = \$68/month

Forms of Payment:
 Cash, Check (made out to SDS D), or Card (via PayPal or CashApp, link on sdsdonline.com)

► TO PAY MONTHLY (9 payments):

1st Month Payment due with Registration: \$ _____
(per student, non-refundable)

-Less Monthly Family discount: - _____

Registration Fee: \$ 30.00
(per student, non-refundable)

TOTAL AMOUNT DUE: \$ _____

**Are you a new SDS D Family?
 Who Referred You?**

We will give this person a one-time referral reward

I have received, read, understand, accept, and agree to abide by the South Dayton School of Dance Policies and Consequences as outlined in the SDS D 2021-2022 Student Handbook.

I, the undersigned parent or legal guardian of the above student, give permission for the student to participate in dance classes with South Dayton School of Dance. I recognize the possibility of physical injury or illness to the student associated with taking part in this activity. Upon signing this waiver, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against SDS D and its owners, employees and/or other assigned representatives or volunteers from any and all liability and for any and all damages and/or injuries/illnesses which may be sustained or suffered by the student while participating at or for SDS D. Furthermore, in the event SDS D is unable to contact the authorized person on this form, I the parent or legal guardian, hereby give my consent for emergency medical care. Transportation to the hospital will be at the discretion of the Emergency Technicians on site.

South Dayton School of Dance/Dance Theatre Talent Release Form: I hereby grant to the SDS D and the SDDT all rights of every kind to use my child's photographs and/or films. I agree that you have the right to record the material for use on all formats now known and yet to be discovered. I agree to indemnify and hold the South Dayton School of Dance, its agents and officers harmless against any liability associated with the distribution and or transmission of this recording. I fully understand that all above materials recorded may be used now and in the future by the South Dayton School of Dance and/or the South Dayton Dance Theatre. (no exceptions) **Signature is REQUIRED for completion of registration. Name can be typed and will serve as electronic signature.**

Parent Signature: _____ **Date:** _____