



The Studio of Performing Arts Registration Form~ 2022-2023

(Please print clearly)

Student name:

First _____ Last: _____

Birth date: _____

Parent's names:

Mailing address:

Street: _____ City: _____ Zip: _____

Best email address to reach you by: _____

Home phone: _____ mom cell: _____

Dad cell: _____ student cell: _____

\$25.00 Enrollment Fee is due upon Sign Up

My student will be taking:(example 4classes) _____

Day	time	Classes:	style	instructor
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any medical problems we should know: _____

PLEASE SEE BACK OF PAPERWORK

All Tuition is charged by our Studio Director account on the 1st of the month.

All tuition received after the 10th of the month will incur a late fee of \$15.00.

Please include either a debit or credit card below:

Signature

Circle one:

Visa

MasterCard

Card Number

Exp. Date

CVV code

Please read and sign:

GENERAL RELEASE AND WAIVER OF LIABILITY

I hereby acknowledge that I am voluntarily participating at The Studio of Performing Arts.

I hereby acknowledge that if tuition is not received before the 10th of each month that a late fee of \$15.00 will be added to that month's tuition.

I hereby assume full responsibility for all liability and all risk of injury or loss, which may result from my participating in this Program.

I hereby acknowledge that I must notify the office if we are dropping a class to ensure a stop payment. **This must be done prior to the first of the month**, or your account will be charged the full amount, no exceptions, no refunds.

I hereby hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against The Studio of Performing Arts from any and all claims or demands I may have by reason of any accident, illness, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participating in the Program and occurring during such participation or any time subsequent thereto.

This General Release and Waiver of Liability of all claims is binding on The Studio of Performing Arts and, family members and any and all persons pursuing a claim on my behalf, on behalf of my estate or against me or my estate.

By signing below, I agree that I have read and understand this General Release and Waiver of Liability.

Signature: _____

Date: _____

For Office Use Only:

Entered In SD: _____

Paid: _____

Other: _____