



Season: 2017 - 2018

Tiny Dancer Registration Form

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Grade: _____ School: _____

Primary Contact (Emergency) _____ Primary Phone **during class time**: _____

Primary Email Address: _____

Secondary Contact: _____ Secondary Phone: _____

Secondary Email Address _____

2017-2018 Beyond the Barre Classes

Tiny Dancer Class Options	Day / Time	Semester Tuition	Tuition Annually	Tuition Installments 1 st Semester (due 9/14/17, 10/1/17, 11/1/17)	Tuition Installments 2 nd Semester (due 1/1/18, 2/1/18, 3/1/18, 4/1/18)
*Tiny Dancers (ages 3-4)	Tuesdays 11:30-12:30	\$260	\$520	\$87	\$65
*Tiny Dancers (ages 4-6)	Thursdays 11:30-12:30	\$260	\$520	\$87	\$65

My Dancer's Tuition Due 1/8/18 _____

Less Tuition Discounts:

5% sibling discount (multiply tuition only by .95) (-) _____

Tuition Total

Registration Fee \$30 _____ \$30

Spring Performance Fee: \$100 (due by 1/8/18) _____ \$100

Spring DVD (optional): \$20 _____

Total Due on 1/8/18

OFFICE USE ONLY: [] Pd in full cash/ck# _____ [] Sem 1 pd cash/ck# _____ [] Sem 2 pd cash/ck# _____

[] \$30 Registration Fee [] \$50 Winter Perf. Fee [] \$20 Winter DVD [] \$100 Spr Fee [] \$20 Spring DVD

Installments: SEMESTER 1 [] 1 cash/ck# _____ [] 2 cash/ck# _____ [] 3 cash/ck# _____

SEMESTER 2 [] 4 cash/ck# _____ [] 5 cash/ck# _____ [] 6 cash/ck# _____ [] 7 cash/ck# _____



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Costume Measurements (due by 1/8/18)

_____ Height _____ Waist _____ Bust _____ Shoe Size _____ Inseam
_____ Girth (measure from one shoulder, down through the crotch and back up to the same shoulder)

Beyond the Barre 2017-2018 Consent & Waiver of Liability

Student's Name _____ Class(es) Enrolled _____

I declare I have either consulted a physician or voluntarily chosen not to consult a physician before or during the course of the program. I have been warned my student must be in good health to participate in the program and I now declare that she/he is in good health. I understand efforts will be made for me to be contacted if medical attention is required during class time. I give permission for *Beyond the Barre* instructors to seek emergency medical treatment for my child if they deem necessary. I shall indemnify, hold harmless and defend Dena Morley, instructors hired by *Beyond the Barre*, and *Beyond the Barre* against any and all claims, actions, or suits brought for damages or alleged damages, and from all liability, loss and expense, including reasonable legal expenses, resulting from any injury to person or property or from loss of life sustained by my student while my student participates in classes, rehearsals, performances and activities on the premises of the Wyoming Rec Center, Lads and Lassies Community Pre-School, Penderly Center for the Arts and other venues, where these activities may take place.

I/we permit my/our student to attend and participate in all *Beyond the Barre* activities and events. It is understood dance instruction involves kinetic corrections, which may include physically touching as part of regular class work and rehearsals. I/we also realize there are inherent risks of serious injury in all of the above activities as well as in the general participation in *Beyond the Barre* activities and events. I shall not hold Dena Morley, instructors hired by *Beyond the Barre* or *Beyond the Barre* responsible for the loss or theft of my student's personal items.

Medical Information: Please list any medical condition &/or allergies that your child may have:

Legal Release and Policy Acceptance (please initial)

- | | |
|---|--|
| <input type="checkbox"/> I/we understand the Studio Policies | <input type="checkbox"/> I/we understand my billing obligations |
| <input type="checkbox"/> I/we understand the risks related to dance | <input type="checkbox"/> I/we understand my responsibilities for my property |
| <input type="checkbox"/> I/we understand the dress code | <input type="checkbox"/> I/we understand the schedule |
| <input type="checkbox"/> I/we give media use rights permission | <input type="checkbox"/> I/we understand the attendance policies |

Parent Signature _____ Date _____



Please complete and return this form along with tuition to:

Dena Morley, 1209 Morts Pass, Wyoming, OH 45215