



3999 Hylan Blvd
Staten Island, NY 10308
718.967.1797
www.DanceSensationsStudio.com

Registration Form

Student Name _____

Student Birth date _____

Classes Student will be attending

1. _____

2. _____

3. _____

Total time a week: _____

Parent(s) Name _____

Address&Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

Emergency Contact:

Name	Relationship	Phone Number
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1. _____

Does the student have any allergies? Yes ___ No ___

If yes, please list _____

Does the Student have any other special medical concerns?

If yes, please list _____

How did you hear about Dance Sensations Dance Studio?

Please tell us where _____

All Payments are NONREFUNDABLE

Parents or guardians are Responsible for all payments

Parent or Guardian (must be over 18yr) Signature

X _____

Please Print Name: _____



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Dance Sensations Dance Studio Inc.

I/we realize that participation in dance, gymnastic, vocal & acting classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Dance Sensations Dance Studio Inc.

I/we agree to release and hold harmless Dance Sensations Dance Studio Inc. including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Dance Sensations Dance Studio Inc. liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Dance Sensations Dance Studio Inc. In addition, I/we assume all responsibility for my own medical and emergency expenses In the event of an accident, injury, illness or other incapacity.

Parent Signature (Over 18 yrs) X _____ Date: _____

Participant's Name: _____ Birth Date & Age: _____
(Print)

Email Address: _____

Parent Phone: _____

Cell Phone: _____

Emergency Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Allergies, health issues or injuries of: _____

Parent/Guardian Name: _____ Phone: _____
(Print)

Parent/Guardian Signature: _____
(Participant may sign if over 18 yrs of age) Date: _____

PLEASE BE SURE YOU HAVE SIGNED ON BOTH LINES
(2/3)



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Dance Sensations Dance Studio Inc. policies:

Every line MUST be initialed and the bottom must be signed and dated to become an active student

Your Yearly Tuition is _____ (office use only)

Tuition is broken into 8 payments of _____ (office use only)

Your 9th payment due 4/25 is _____ (office use only)

Tuition is NEVER prorated _____ (initial)

Tuition is broken into 9 payments for your convenience and DOES NOT change no matter how many classes are in each month _____ (initial)

Tuition is due the first class of each month _____ (initial)

A late fee is applied 15 days past due _____ (initial)

All payments are NON-REFUNDABLE _____ (initial)

All classes must register a minimum of 5 students _____ (initial)

In the event a class does not register 5 students all registered dancers must pick a new class _____ (initial)

Dancer Name(s): _____

Parent Name (Please Print): _____

Parent Signature & Date: _____