

### Registration Form

All information provided on this form will be kept strictly confidential.

#### Demographic Information

STUDENT(S):			
Name(s):	DOB:	Age:	Gender: (circle)
			M    F
			M    F
			M    F

RESPONSIBLE PARTY*:			
Name:	Relationship to Student:		
Address:	City:	State:	ZIP:
Telephone #: (    )	Alternate #: (    )		
License #:	State:	Email:	

\*The person listed here will be solely responsible for payment. **You may only write in this section if YOU are the responsible party.** Providing a phone number authorizes Starr Studios Salem to contact you via telephone.

EMERGENCY CONTACT*:			
Name:	Relationship to Student:		
Address:	City:	State:	ZIP:
Telephone #: (    )	Alternate #: (    )		

\*The person listed here will be contacted if the responsible party and/or student cannot be reached. **The contact cannot be or share the same phone number as the responsible party.**

#### Student Information

STUDENT INTEREST(S):					
<b>Form(s)</b> (please check all that apply):					
Ballet	Tap	Jazz	Lyrical	Hip-Hop	Combo
Tester(s)	Curricula	Movement Exploration	Other: _____		

STUDENT EXPERIENCE*:	
Dancing Experience?:	Yes    No    Years: ____    Description: _____

\*To benefit the student, this information is used to estimate placement. Placement is subject to change.

<b>MEDICAL CONCERNS:</b> <b>Students that have severe medical conditions that affect physical activity should NOT participate in dance.</b>
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Injuries, Illnesses, Conditions, Physical Limitations and/or Concerns Related to Dance/Physical Exercise I Would Like the Instructor to be Aware Of: \_\_\_\_\_  
\_\_\_\_\_

PREFERENCES:

Class Time:            Day    Afternoon    Evening            M   T   W   Th   F   S    Time Range:

OPTIONAL:

How did you hear about us?:    €Phone Book    €Online    €Friend    €Drove By    €Misc. Ad

Was there anything in particular that encouraged you to come here that you would like to share?:  
\_\_\_\_\_

By signing below, I certify that the student(s) is/are in proper physical condition to dance at Starr Studios Salem\*. I fully understand the risks of participating in physical activity, and I assume full responsibility for any and all repercussions related to participating at Starr Studios Salem or in any other facility used by Starr Studios Salem for any reason. I understand Starr Studios Salem, its owners, agents, employees and volunteers cannot be held responsible for injury, miscommunication, lost or stolen property, accidents, or damage to personal belongings while inside the facility or on the property, and therefore release and hold harmless Starr Studios Salem, its owner, agents, employees, and volunteers from any and all claims of these incidents. In addition, I certify that all the information provided above is accurate and complete. I am aware I need to keep this information current by filling out an Updated Information Form immediately after any changes occur.

I have read all the documents in the Starr Studios Salem Registration Packet, fully understand, and agree to comply with these policies. I understand that Starr Studios Salem reserves the right to refuse service to anyone. I understand that if for any reason Starr Studios Salem and/or its employees determine that I and/or the student have violated a company policy, they have the right to permanently dismiss me and the student from the facility and all related activities including participating in, and viewing performances.

\*Starr Studios Salem School of Dance has been abbreviated to Starr Studios Salem in all of the Registration Packet documents.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_