

# STARSTRUCK ACADEMY OF DANCE REGISTRATION CARD 2009-2010

Date: \_\_\_\_\_

Dancer Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Dancer Date of Birth: \_\_\_\_\_

Mom Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Dad Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Email (class updates/studio info.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Does the dancer have any physical or allergic conditions that could affect their participation in class?  
\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**Please circle the classes you wish to register for below:**

**Monday**

4-5 pm	Teen Poms 3/4	Ballet 4		
5-6 pm	Beg /Int Pointe(5-5:30) Int/Adv Pointe (5:30-6)	Poms 5	Teen Jazz 2/3	Power Pak 4
6-7 pm	Creative Movement II	Teen Jazz 4	Turns 4	Ballet 6
7-8 pm	Teen Ballet 2/3	Teen Poms 4	Lyrical 4	Jazz 6

**Tuesday**

4-5 pm	Jazz 2	Teen Ballet 3 / 4		
5-6 pm	Tap 3	Teen Jazz 3		Ballet 2
6-7 pm	Teen Tap 2	Teen Lyrical 3	Ballet 3	Lyrical 5
7-8 pm	Teen Tap 3/ 4	Teen Poms 1 /2	Modern / Ballet 3	Jazz 5
8-9 pm	Ballet 5	Teen Turns/Jumps 1 / 2		Teen Turns/Jumps 4/5

**Wednesday**

4-5 pm	Creative Movement 1			
5-6 pm	Ballet 1	Turns 6	Turns 3	Poms Jumps/Combo 5/6
6-7 pm	Jazz / Hip Hop 1	Jazz 3	Turns 6	Modern 4/5
7-8 pm	Hip Hop 3		Jazz/Contemporary 6	Ballet 4/5

**Thursday**

4-5 pm	Tap 1 / 2	Hip Hop 2	Ballet Exam 5		
5-6 pm	Teen Tap 3	Mini Poms	Hip Hop 5	Pom Cardio/Tricks 5/6	Ballet 4
6-7 pm	Tap 5	Teen Hip Hop 3 / 4	Teen Turns 3 / 4	Teen Jazz 1 / 2	Flex/Stretching 5
7-8 pm	Tap 4	Teen Turns 1 / 2	Turns 5	Teen Poms 3	Elite Ballet
8-9 pm	Teen Tap ¾				

## **Starstruck Policies & Procedures**

(Please initial each line below)

\_\_\_\_\_ Registration Fee: \$20 per year (\$16 second student same family)

\_\_\_\_\_ **Tuition is due by the 10<sup>th</sup> of each month; no** invoice will be mailed as a reminder. A dancer is enrolled in class(es) until Starstruck is notified of a schedule change.

\_\_\_\_\_ **A late fee of \$25 will be added to your account if tuition is paid after the 10<sup>th</sup>.** If tuition isn't paid by the 15<sup>th</sup> it will result in the dancer being pulled from class until balance is paid.

\_\_\_\_\_ Tuition is the same whether there are 3,4,or 5 weeks in a month. The longer months make up for the shorter months. We are closed Memorial Day, Labor Day, Halloween, Wed/Thurs for Thanksgiving, and 2 weeks for Holiday Break.

\_\_\_\_\_ Returned check fee is \$25

\_\_\_\_\_ **Tuition and Camp fees are non-refundable** and not transferable.

\_\_\_\_\_ There are no make-up classes, unless the studio closes due to weather conditions.

\_\_\_\_\_ Add/Drop Forms: To add or drop classes please notify the front desk and fill out an add/drop form.

\_\_\_\_\_ Dancers must be picked up at the time their class is finished.

\_\_\_\_\_ You are financially responsible for tuition until Starstruck is **notified in writing** that the dancer is dropping class(es).

**I have read and agree to the policies and procedures as listed above**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Liability Release**

As with other sports, there are risks involved with taking dance classes. Parents and students should be aware that injuries (including paralysis or even death) may occur in dance class. By enrolling your child in class at Starstruck, you are assuming the risks involved with taking dance class.

I (parent name) \_\_\_\_\_ am fully aware of the risk associated with my child participating in a dance class (or team practice) at Starstruck. I will talk with my child about the risk and demand they listen to instruction from their teachers. I acknowledge that I currently have and will continue to provide adequate insurance coverage for my child's protection. I realize the risk of injury involved and hereby agree to assume the responsibility of such for said student and further agree to save and hold harmless Starstruck, its employees, and all others concerned, and to indemnify them against loss. I jointly and severally hereby forever release, discharge, and acquit STARSTRUCK ACADEMY OF DANCE from any and all contracts, claims, suits, actions, or liabilities both in law and in equity specifically arising from, relating to or otherwise described as and limited to participation in any dance class including damages or injuries arising from or resulting from participation. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives. In case of emergency, I give my permission for emergency medical treatment.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

