

LUNA DANCE INSTITUTE

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Studio Lab 4s/TK Registration Form Winter/Spring 2017

How did you hear about us?

- Luna website Friend Flier/postcard sent to you Email sent to you Child's school
 Community Calendar _____ Display ad _____ Other _____

Dancer Information: New Student Returning student

Dancer's Name: _____

Date of Birth: _____ Age: _____ School: _____

Dancer's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Parent/Guardian Name(s): _____

Parent Email Address: _____

Class Information:

Class Name(s) 4s/TK Dance Day(s) _____ Session (s) _____

Wednesday 3:00-3:45pm	1/18 – 3/29/17 <u>\$210</u>	<input type="checkbox"/>
Friday 3:00-3:45pm	1/20 – 3/31/17 <u>\$210</u>	<input type="checkbox"/>
Saturday 10:30-11:15am	4/22 – 6/10/17 <u>\$135</u>	<input type="checkbox"/>
Discounts: 10% multiple-classes-per-week OR 5% sibling		- _____
5% Early Bird by 11/19		- _____
Required Non-Refundable Annual Registration Fee per family (Sept-May)		+ \$28
Optional T-shirt, choice of color		+ \$15
Round up your total or donate your discount to the Ron Reedy Scholarship!		+ _____
	Total \$	_____

Pay by cash, check or credit card. For card payment, fill out form below. Checks payable to: **Luna Dance Institute.**

Visa/MC #: _____ Exp. Date _____

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Signature: _____

Additional Dancer Information

Name prior dance experience: _____

Does your child have any special needs we should know about to ensure his/her success in our classes?

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

List all who are authorized to pick up your child. We will not release your child to anyone who is not listed here:

Physician and # _____

Indemnification, Waiver and Release

In consideration for my participation, or my child's participation in **Luna Dance Institute** (LDI) classes to be operated at various sites and facilities, I/we agree to:

1. Assume all risk of injury to me or my child, to all risk of damage or loss of property arising out of my own or my child's participation in this program.
2. Release, discharge and waive any and all responsibility of Luna Dance Institute, its agents, partners, staff or representatives, from and against liability for any injury, including death, and for damage or loss to property which may be suffered by my child or arising out of, or in any way connected with, participation in this program.
3. Indemnify and hold harmless Luna Dance Institute its agents, partners, staff or representatives, against all liability, claims, demands, actions, loss and damage arising out of my child's participation in said program.

The undersigned, as parent/guardian of _____ hereby states that my/our child is in good health and is able to participate fully in this movement program. I/we hereby authorize that Luna Dance Institute, its agents, partners, staff or representatives may provide ice or bandages in emergency and to contact the child's physician should an emergency situation arise.

Photo/Video Shoot Permission Agreement

I, the undersigned, **grant permission for photographs and video clips** of my child to be used by Luna Dance Institute for promotional and documentation literature or for education and fundraising presentations for Luna Dance Institute only.

Yes, it is okay to use my child's photo on Luna's Facebook fan page. *No name, age or information will be attached.

I and all caregivers of my child(ren) have read the policies and guidelines included in this brochure, understand we are responsible for knowing its contents prior to attending any classes (including refund policy), and agree to adhere to the guidelines listed herein as long as our child is enrolled in Luna Dance Institute.

I have read the guidelines and refund policies

I understand that the **full balance** is due by class start date.

Signature _____ Date _____

LAST STEP: Mail or e-mail completed form to Studio Lab Coordinator, abonilla@lunadanceinstitute.org