



### Class Registration

Please fill in and return this form (both sides) along with a \$25 per family registration fee. The form and fee should be sent to Dance Workshop by Shari, Caste Village Shoppes, 5301 Grove Road, Pittsburgh, PA 15236 as soon as possible. You will be mailed a recommended class schedule along with the appropriate tuition fees. The tuition will be based on the number of hours of instruction per week. The first month's tuition is due before the first class. Please note: email address that you provide should be for the parent responsible for studio communications.

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ Zipcode \_\_\_\_\_  
1<sup>st</sup> Phone # : \_\_\_\_\_ 2<sup>nd</sup> Phone # : \_\_\_\_\_  
Emergency Name and Phone \_\_\_\_\_  
Student Birth Date \_\_\_\_\_ Parent's Email \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Current Students:** I would like similar schedule as this year  yes  no  
I would like additional/different classes or days \_\_\_\_\_

**New Students:** Previous Dance Experience \_\_\_\_\_  
Number of Years \_\_\_\_\_ Studio \_\_\_\_\_  
Style(s) of Dance \_\_\_\_\_

Class Preference: (Ages 3 - 5 Princess Ballerinas provides combination of ballet, tap, and tumbling skills)  
 Toddler Time  3 yr Princess Ballerinas  4 and 5 yr Princess Ballerinas

Class Preference: (Ages 6 thru adult. Specialized classes in specific dance types)  
 ballet  pointe  jazz  lyrical  
 tap  hip hop  acro/gym  private lesson

Preferred Day(s) of the Week \_\_\_\_\_  
How did you hear about us?  Friend  Mailing  Website/Facebook  Studio Events  Other  
Do you use Facebook?  yes  no  
Medical/Behavioral Problems/Allergies/Special Needs: \_\_\_\_\_

**Office Use Only:** Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_  
Class 4: \_\_\_\_\_ Class 5: \_\_\_\_\_ Class 6: \_\_\_\_\_

Tuition: *Auto* Monthly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Annual \_\_\_\_\_

Discounts Applied: Sibling \_\_\_\_\_

Amt Paid: Registration: \_\_\_\_\_ Check # \_\_\_\_\_ Date Pd: \_\_\_\_\_ Tuition: \_\_\_\_\_ Check # \_\_\_\_\_

*Please complete the back of this page also*

## Release From Liability and Payment Terms

We, the undersigned parents and/or guardians of \_\_\_\_\_, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury. On behalf of my child and her/his parents and/or legal guardians, I assume the risk and agree that the Dance Workshop by Shari, Inc., Shari Opfermann, Directors, Faculty, assistants and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the dance studios, any of its related functions, as a participant or an observer on or off the premises.

We understand that Dance Workshop from time to time, produces promotional material about its programs. We understand that as a participant the above mentioned minor may be included in video tape or photographs taken at the studio or a performance venue. We hereby grant to Dance Workshop, its successors, assignees, licensees, sponsors, and television networks and all other commercial exhibitors, the exclusive right to photograph and or video tape participant and further utilize participant's name, face, likeness, voice and appearance, as part of the program, and in advertising and promoting the program, without reservation or limitation. This explicitly allows use in any Social Media campaign or posting, such as Facebook, Instagram, Twitter, or the like. In granting this license, I understand that Dance Workshop is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant.

My child has permission to receive any necessary emergency medical care. **Students must be covered by their own family health insurance. It is understood that the student's own health insurance policy will be the only source for payment for any medical services, out of pocket expenses, and pain and suffering that may be incurred or result from treatment due to the injury.**

**I understand that the tuition is due by the 10<sup>th</sup> of each month starting in September and running through May. The tuition is based upon the total number of scheduled classes for the year, and is not based on the actual classes during any given month. The tuition payments are evenly spread over the year and will remain the same regardless of the number of scheduled classes during that month. I understand the tuition is non-refundable and there is a \$10 late fee if tuition is not received by the 10<sup>th</sup> of each month. If your account becomes 2 months delinquent, your student will not be permitted to attend further classes, until the account is brought current.**

**I have read and understand the Studio Policies.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Place of Employment: Mother \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ ID/Agreement Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_