



Providing Quality Dance Instruction &
Positive Life Experiences

2010-11 ACADEMIC YEAR

PO Box 10741, Southport, NC 28461

Phone: 910.612.7441

Email: southportdance@yahoo.com

Please print clearly.

Student Name _____
Last First MI

Date of Birth ____/____/____ Age as of Sept. 1, 2010 _____

Home Address _____
Street City Zip Code

Parents' Names _____

Student lives with _____ Mother _____ Father _____ Both _____ Other

If other, please explain _____

Home Phone _____

Cell Phone _____

Email* _____

*IDC is cutting down on paper usage to be more green. All communications will be sent by email as well as posted at the studio. Together we can make a difference!

Please list any allergies, medications, medical conditions, behavioral issues, etc

Emergency Contact _____ Phone# _____

Previous Dance Training _____

Classes Registering For (day/time/level) 1) _____

2) _____ 3) _____

4) _____ 5) _____

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Inspirations Dance Centre shall not be liable in any way for injuries sustained during attendance at the dance school or any of its related functions and during transportation to and from functions. I also understand that good ballet training involves touching and adjustment of the student's body by the instructor.

Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Inspirations Dance Centre to authorize any emergency medical care that may be required by the above student during participation in classes, performances, or any related IDC events. This authorization extends throughout the current academic year and throughout the summer or until the student is no longer enrolled at IDC, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Tuition Payment Agreement

I agree to pay Inspirations Dance Centre for the dance instruction of the above student per the published tuition rates for the student's period of study. I understand that I can make a payment by automatic draft, check, money order, or cash payable to Inspirations Dance Centre (IDC). There will be a \$30 surcharge for all returned checks. I understand that no refunds will be given for classes missed because of illness, vacation, or school closings to due acts of nature such as inclement weather. I understand that tuition fees are due on the fifth of each month; that if payment has not been received by the tenth of the month a finance charge of \$10 will be assessed for each month payment is late.

I have read, understand, and agree to the Tuition Agreement, Liability Release, and Medical Release.

Parent Signature _____ Date _____

How did you hear about us? ___ Newspaper ___ Internet ___ Friend ___ Other: _____