

Arizona Dancesport Academy

STUDENT REGISTRATION

PART 1: Student Information

Student Name: _____	Circle: Male / Female	Age: _____
Street Address: _____	D.O.B.: _____	Grade: _____
City, State, ZIP: _____	School: _____	
Telephone: _____	email: _____	

PART 2: Contact Information

Mother's Name: _____	Father's Name: _____
Phone: _____	Phone: _____
email: _____	email: _____
Emergency Contact: _____	Relationship: _____
Telephone: _____	Work/Cell Phone: _____

PART 3: Ballroom Dress Standards, Code of Conduct & Policies

A. DRESS STANDARDS:

1. Students are required to wear the proper practice attire to class. Students should dress in an appropriate and modest manner suitable to the style of dance being taught. Instructors will provide dress requirements for performances.
2. **Bare midriffs, bare backs and booty shorts are NOT allowed.**
3. Dance skirts and shorts must at least be even with fingertips when arms are placed straight at sides.
4. Students that are not dressed appropriately will be asked to change into appropriate attire. If appropriate attire is not found, then the student will not be allowed to participate.

B. CODE OF CONDUCT:

1. Student's safety is foremost. No running, rough play, or anything that can result in injury will be allowed in the studio.
2. All students are expected to treat instructors, dance partners, other students, parents, and spectators with respect, and agree to follow all studio, class, and instructor rules.
3. No inappropriate comments, behavior, gestures, or touching will be tolerated.
4. Students who are disruptive or disrespectful in class to the teacher or to other students will be given a warning to stop. If the problem continues, the Student may be asked to sit to the side. If the behavior continues after rejoining the class, the teacher may remove the Student from class and the Student's parents will be notified. Repeated inappropriate behavior may result in dismissal from program.
5. Students will conduct themselves appropriately and display class and sportsmanship at all events and performances.

C. STUDIO & CLASS POLICIES:

1. Students are responsible for their belongings at all times. Southwest Ballroom Dance Company, Arizona Dancesport Academy, associated Instructors are not responsible for lost or stolen items.
2. Parents should drop off and pick up their children near the start and/or finish of classes.
3. All Parent-Instructor meetings must be scheduled in advance. Although we are pleased to discuss your student's progress with you, there is not sufficient time between classes for the Instructor to meet with parents and prepare for the next class. You may always contact the Instructor by phone or by e-mail.

By signing below, I have read, understand, and agree and adhere to the above Dress Standards, Code of Conduct & Policies.

Signature of Student: _____

Signature of Parent/Legal Guardian: _____

PART 4: Payment

INTRODUCTORY PACKAGE::	<input type="checkbox"/> \$20 New Student 2-Week (up to 4 Classes) <input type="checkbox"/> Other: _____	
ANNUAL REGISTRATION FEE:	<input type="checkbox"/> \$25 Student <input type="checkbox"/> \$15 2 nd Child <input type="checkbox"/> \$0 3 rd + Child <input type="checkbox"/> Paid	
TOTAL AMOUNT:		
PAYMENT: <input type="checkbox"/> Check No.: _____	<input type="checkbox"/> Credit Card (PayPal Online)	Date: _____ Amount: _____
Please Make Checks Payable to: Southwest Ballroom Dance Company		

**Please Complete & Sign Medical Information & Consent and Release on reverse side.
Submit to Instructor or mail completed Student Registration along with Payment to:**

Southwest Ballroom Dance Company, P.O. Box 453, Gilbert, AZ 85299

Southwest Ballroom Dance Company

MEDICAL INFORMATION & CONSENT

Doctor's Name: _____
Insurance Company: _____

Telephone: _____
Policy Number: _____

IF THE DOCTOR LISTED ABOVE CANNOT BE REACHED IN THE EVENT OF A MEDICAL EMERGENCY (THE EXISTENCE OF SAID EMERGENCY TO BE DETERMINED IN THE SOLE DISCRETION OF THE CLASS INSTRUCTOR) I, WE OR EITHER OF US HEREBY AUTHORIZE TREATMENT TO BE RENDERED BY THE EMERGENCY ROOM PHYSICIAN AT THE FOLLOWING LOCATION:

Hospital: _____

Location/City: _____

Signature of Parent/Legal Guardian: _____

Does the participant have any prominent medical problems?

If Yes, Please Describe: _____

Does the participant have any physical defects that might impede progress (weak knees/ankles, fallen arches, etc)?

If Yes, Please Describe: _____

Is there anything that we should be aware of that would help us teach your child more effectively?

If Yes, Please Describe: _____

I hereby attest that the Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by Southwest Ballroom Dance Company. I hereby approve of the instructors who will be in charge of this program, and recognize that they are serving to the best of their ability. I certify that the participant has full medical insurance. I also certify to the best of my knowledge that the participant named hereon is physically fit and capable to engage in the activities described above, and has been declared so by a medical professional.

Parent/Legal Guardian Signature: _____ **Date:** _____

LIABILITY RELEASE & WAIVER OF RESPONSIBILITY

IN CONSIDERATION of allowing the Participant, _____ to enroll with Southwest Ballroom Dance Company ("SBDC"), and the use by the participant of the premises and property used by instructors of SBDC, the undersigned, being the legal guardian of the participant, release and hold harmless SBDC, its aides, and directors from any and all liability, claims, demands, actions, and cause of action whatsoever, related to any loss, property damage, or personal injury, including death, that may be sustained by the participant and/or the undersigned, while in or on the premises or place while the undertaking activities of whatever kind or nature related to activities sponsored by or participated in by SBDC, its aides, and or directors.

The undersigned being duly aware of the risks and hazards inherent in participation of any dance studies, and related activities being conducted by SBDC and acting for themselves and the participant hereby voluntarily elect to enter upon said premises under control of said instructor. The undersigned, acting for themselves and the participant, hereby voluntarily assume all risks or loss, property damage or personal injury, including death, that may be sustained by the participant and/or the undersigned, while in, or on the teaching premises of SBDC. SBDC may, but shall not be obligated to carry insurance on the participant and/or the undersigned, and the existence of insurance shall not change, alter or increase the liability of SBDC to the participant and/or the undersigned or affect the terms of this Release.

This Release shall be binding upon the distributees, heirs, next of kin, personal representatives, executors, and administrators of the participant and the undersigned.

In signing the Release, the undersigned hereby acknowledges and represents that he or she has read the foregoing Release, understands it, and signs it voluntarily, and that any undersigned signing as "Legal Guardian" is in fact true legal guardian of the participant; the undersigned is over the age 21 years of age and of sound mind, and has signed this Release with the knowledge and consent of the participant, and the undersigned understands that this Release relates to any and all claims of the participant and the undersigned.

Parent/Legal Guardian Signature: _____ **Date:** _____

PHOTO, IMAGE & INTERNET RELEASE & WAIVER

I do hereby authorize Southwest Ballroom Dance Company, Arizona Dancesport Academy, associated Instructors, and those acting pursuant to their authority to: Record student's participation and appearance on video tape, audio tape, film, photograph or any other medium; Use Student's name, likeness, voice and biographical material in connection with these recordings; and, Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which is deemed appropriate. I hereby grant permission to publish these records electronically via the Internet without further consideration on the website along with Student's name and/or other Student related information. I also understand that once the information is posted on the website, the information can be downloaded by anyone. I hereby waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on the web site that may be created in connection with participating.

Parent/Legal Guardian Signature: _____ **Date:** _____