



Kids & Teens Registration Form

Student Name _____
Last Name _____ First Name _____

Date of Birth _____ Age _____ Gender M ___ F ___

Parents/Legal Guardians Information. (It is very important that you provide all information available)

Mother's Full Name _____ Father's Full Name _____

Home Address _____ City _____ State _____ Zip _____

Cell Ph (Primary) _____ Cell Ph (Secondary) _____

E-Mail Address _____ Type of Class _____
(Mandatory)

How did you know about us? _____ Prior Dance Experience _____

I AM INTERESTED IN MORE INFORMATION ABOUT DANCE TEAM (Competition Group)
(An information packet will be mailed or given to you)
YES _____ NO _____

Authorized Individuals

Child will only be released to the parents, guardians or individual listed below.

Full Name _____ Ph _____ Relationship _____

Full Name _____ Ph _____ Relationship _____

Medical Information: Any illness, allergies or medications _____

***I hereby enroll my child at Artevivo Dance Studio. I guarantee that the child above is in good health and does not suffer from any physical or mental illness that would endanger his or her well-being or that of other students. By granting permission of participation/ I assume full responsibility for my child's personal safety and release Artevivo Dance Studio therefore I hereby relinquish all rights to claim or recover damages for personal injuries in connection with his/her involvement at Artevivo Dance Studio.**

***I also acknowledge that the Artevivo Dance Studio reserve the right to use any video or photo taken during the class or presentation for advertising or promotional purposes. I am aware that the Artevivo Dance Studio will not responsible, for any lost or damaged items such as jewelry and electronic devices.**

***This registration form is a contract binding you as a legal guardian of the child to stay enrolls in "Artevivo Dance Studio" for a total no less than 6 month in our studio. If contract is broken you will be charge 2 month of the total your child pays.**

***In case of an emergency you authorized Artevivo Dance Studio permission to seek medical help if needed (example) Rescue, etc if child needs to be transported to the nearest hospital you as the guardian is responsible to go and provide insurance information at hospital for treatment. Artevivo Dance Studio is not responsible for any hospital or rescue bill if the above should occur.**

***I certify that the information provided above the health conditions of my child and the authorized individuals are true. I understand that Artevivo Dance Studio in no circumstances will deliver my child to an unauthorized individual.**

***Please be advice that Artevivo Dance Studio along with the staff or volunteers are NOT responsible for any mishap that may or may not occur during transporting your child from the academy to any event.**

***By signing below, I authorize my child to participate in all studio classes, including Heels class/Master Class/Open Class,etc.....**

***As per the Dance Studio Terms and Conditions; fees must be paid before the student's first class of each term. Failure to do so may result in withdrawal from Dance Studiol classes. The registration fee, uniforms, monthly payment, and Shows deposit are NON-REFUNDABLE.**

***By signing below, I assure that I read and understood the rules of the Artevivo Dance Studio and the information listed above.**

Signature _____ Date _____

