



101 n. country club rd. suite 132 lake mary, fl 32744 • 407-322-1160

Edge Dance Studios LLC 101 N. Country Club Rd. Suite 132 Lake Mary, FL 32744 Phone: 407-322-1160 www.edgedance.org
STUDENT INFORMATION—Please PRINT LEGIBLY and fill out completely. Please fill out a separate form for EACH CHILD participating.

Student's name \_\_\_\_\_ M or F Birthdate \_\_\_\_\_ Age in yrs. \_\_\_\_\_ mos. \_\_\_\_\_
Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_
Father's Name \_\_\_\_\_ Cell \_\_\_\_\_
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_
Relationship to Student \_\_\_\_\_ Student's School \_\_\_\_\_
Child's Caretaker (if relevant) \_\_\_\_\_ Phone \_\_\_\_\_
Medical Information: Doctor \_\_\_\_\_ Phone \_\_\_\_\_
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_
Medical conditions, allergies or physical limitations we should be alerted to? \_\_\_\_\_

CLASS INFORMATION—Teacher information will be filled in by office. For more than 3 classes, please use a separate form.

1st Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_
Alternate \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_
2nd Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_
Alternate \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_
3rd Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_
Alternate \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

\*\*\*You will be notified only if your first choice class is not available. Please understand that our classes must have 6 or more registered students in order to continue. If your first choice class does not fill to the minimum, we will do our best to accommodate your 2nd or 3rd choice in class day or time. We reserve the right to cancel any class that does not reach the minimum enrollment.

MAKE-UP CLASSES—Provided to our students under the following conditions:

- 1. A maximum of TWO make-ups are allowed per class per semester (unless other wise noted)
2. Availability in appropriate class for make up
3. The office is notified in advance of the absence
4. Make-ups cannot be carried over to the new semester
5. Failure to attend the scheduled make-up class will result in forfeiture of the make-up

PAYMENT INFORMATION—Payments & Registration form may be mailed or emailed to the address/email at the top of this form

- 1. Tuition must be paid in full upon registration. >>>>>Remember, you receive 10% off the second child.
2. Full payment is required during the registration process to allow for an easier transition the first day of class
3. Initial registration payments may be made in cash, check and credit card. Checks should be made out to Edge Dance Studios and dropped off at the front desk or mailed / emailed to the address at the top.
4. A credit card MUST be on file. We will charge the monthly class fees to your account on the 1st of every month. Credit card payment: VISA / MC / AMEX / DISC

Exp \_\_\_\_\_

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION—PLEASE READ CAREFULLY

WARNING: By the very nature of the activity, dance carries a risk of physical injury. No matter how careful the student and instructor are, the risk cannot be eliminated. You hereby agree to waive any claims or rights that you might otherwise have to sue Edge Dance Studios LLC, our employees, owners or officers for injuries that may occur as a result of any activity conducted at Edge Dance Studios. You assume all liability and risk. If injury should occur to the above named child while participating in any Edge Dance activity, I hereby authorize Edge Dance to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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