

**MARCIA SAROSIK DANCE STUDIO
LAKE TAHOE'S SHINING STARS
2009-2010 REGISTRATION FORM**

:

Student's Last Name

First Name & M.I.

Mailing Address

City, State & Zip

Parent(s)' Name(s)

Home Phone

Parent(s) Work Phone and Cell Phone Numbers

Student's Date of Birth

Age

Grade in School 08-09

Physical Address if different from above

e mail address

LIST ADDITIONAL STUDENTS, DATE(S) OF BIRTH AND GRADES _____

Including this year, how many years has/have your child(ren) danced at this studio? _____

STUDIO POLICIES

- Dancers can make up missed lessons by attending another class of a similar level (if available). Fees are not reduced for student absences.
- **ABSOLUTELY NO GUM, FOOD OR DRINK (other than bottled water) IN THE DANCE ROOMS.**
- Cell phones must be turned off and text messaging is not allowed in the dance rooms.
- The Studio reserves the right to all choreography and photography.
- The Studio reserves the right to drop a student for excessive absences, tardiness and/or inappropriate behavior.
- Dancers need to develop commitment to and teamwork with their fellow dancers, which includes attendance at class, workshops and performances. Dance activities outside the Studio require permission of the director of the studio.

In consideration of the MARCIA SAROSIK DANCE STUDIO/LAKE TAHOE'S SHINING STARS permitting my child to participate in dance class, performances and all related activities including transportation, I hereby for myself, my heirs, administrators and assigns, waive and release any and all rights and claims of any nature I may have against the Marcia Sarosik Dance Studio/Lake Tahoe's Shining Stars and any organizations connected with these classes and activities, their representatives, successors and assigns for any and all injuries or damages of any nature which myself or my child may suffer while taking part in any activities connected with the Studio.

I hereby represent that the above named child(ren) is(are) of sound health and physically able to participate in Studio activities.

I further DO__ DO NOT__ authorize the above named child(ren) to receive emergency medical treatment necessary in case of injury.

I have read the STUDIO POLICIES and understand that failure to comply with those policies will result in the termination of the dancer(s)' participation in all Studio activities.

Parent's Signature

Date