

Student Registration Form

Please Complete Both Pages

**All fields are required. Registration is considered complete upon submitting this registration form, first month's tuition and the annual registration fee. The registration fee cannot be pro-rated for mid-term registration.*

Student Name: _____ F _____ M _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Email: _____ Phone: _____

Occupation: _____ Other Phone: _____

Emergency Contact: _____ Emergency Phone: _____

HOW DID YOU HEAR ABOUT US _____

Are there any Medical Conditions to which we should be alerted? _____

For under 18 y.o.: Parents:

Mother's Name/Occupation: _____ Phone: _____

Father's Name/Occupation: _____ Phone: _____

How would you describe your dancing skill? Beg: ____ Intermed: ____ Adv: ____

Please circle which dances interest you? Waltz Tango Cha-Cha Swing Rumba Samba Foxtrot Salsa
Hustle Disco Hip-Hop Ballet Jazz Tap Acrobatic Rock-n-Roll OTHER: _____

How would you describe your interest in learning to dance?

To learn new steps: _____ To dance socially: _____ Wedding/Special Occasion: _____

To compete at an amateur level: _____ To become a proficient technical dancer: _____

Other comments: _____

Registration Agreement

Acknowledgement of Risk & Waiver of Liability

All students or parents must read, sign and date this form and return it to the instructor prior to the first lesson.

- There is a \$25 non-refundable annual Member Registration fee per person or \$30 per family, in addition to GROUP class tuition.
- Group lessons students admitted after 15th day of a month are eligible to pay ½ of the tuition.
- Payment must be paid in full before attending lessons.
- Drop-in fee for an individual lesson is \$15.
- No refunds or credits will be given for missed, dropped Group classes or instructor re-placement.
- Cancellation of personalized sessions must be made at least 24 hours in advance to avoid being charged.
- Teachers are not permitted to fraternize with students outside studio sponsored activities.
- All personalized sessions are 25 minutes long. All class sessions are 50 minutes long.
- Personal programs that become inactive will expire at the rate of 1 personalized and 1 class session per week. (Unless prior arrangements are made, a program becomes inactive after 4 consecutive weeks without an appointment.)
- Unless prior arrangements are made, personal programs must be completed within 1 year of the enrollment.
- Although every attempt will be made to accommodate requests for a specific teacher and for an individual room, this cannot be guaranteed.
- Each student must have a pair of shoes he/she brings for each class. Regular sport shoes or sneakers will not be allowed. We strongly encourage to purchase specialized dance shoes.
- Practice Time is a Privilege: Students may practice at the studio for 15 minutes - provided there is floor space available – as long as they are quiet, adhere to dress codes, respect other dancers and classes going on, and clean up after themselves. Students may not play music if other classes are going on. If students continue to practice past the approved 15 minute time frame, they will be responsible for paying the practice floor fee to the studio.
- Programs at ABL Dance Center are subject to changes at any time upon advance notice to all students via eligible email.
- I hereby grant consent and authorize the use of photographs, slides, videotapes and film of me/ my child participating in ABL Dance Center activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote programs at ABL Dance Center, and/or recognition of participants.

I, _____, hereby agree to the following: I recognize that programs at ABL Dance Center require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the programs of the ABL Dance Center.

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the programs. In consideration of being permitted to participate in the programs of the ABL Dance Center, AKA Acrobatic Rock-n-Roll Academy of Boston, LLC, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the programs. I knowingly, voluntarily and expressly waive any claim I may have against the ABL Dance Center, AKA Acrobatic Rock-n-Roll Academy of Boston, LLC for injury or damages that I may sustain as a result of participating in the program. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue the Acrobatic Rock-n-Roll Academy of Boston, LLC for any injury or death caused by their negligence or other acts. *I have read and understand all the above and agree to the above terms, including the Risk and Waiver of Liability.*

Parent/Guardian's Signature/

Dancer's Signature (if 18 +): _____ Date: _____