## ABL Dancesport Center

184 West Boylston Street West Boston, MA 01583 (508) 925-4537

## **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. Address: \_\_\_\_\_ City: \_\_\_\_ St.: \_\_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? Beginner: \_\_\_\_ Intermediate: \_\_\_\_ Advanced: \_\_\_\_ Please circle your interests? Waltz Tango Cha-Cha Swing Rumba Samba Foxtrot Salsa Hustle Argentine Tango Lindy Hop Boogie-Woogie Acrobatic Rock-n-Roll Gymnastics Tumbling Summer Camp Belly Dance or 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 <u>prior</u> to the first lesson.

WELCOME to the ABL Dancesport Center, DBA Acrobatic Rock-n-Roll Academy of Boston, LLC ("ABL" hereinafter)!

- There is a \$25 non-refundable annual Member Registration fee per person or \$30 per family.
- 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 or 50 minutes long. All group class sessions are 50 minutes long.
- Personal programs expire after 6 months from the date of purchase, unless prior arrangements are made.
- 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.
- NO Street Shoes are allowed on dance floors. Each student must have a pair of clean shoes he/she brings for each class. 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 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 the ABL activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote programs at the ABL, and/or recognition of participants.

,, hereby agree to the following: I recogni	ize
hat programs at ABL require physical exertion that may be strenuous and may cause physical injury, and I am fu	lly
ware 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. I represent and warrant that I am physically fit and	d I
ave no medical condition that would prevent my full participation in the programs. In consideration of bei	ing
permitted to participate in the programs of the ABL, I agree to assume full responsibility for any risks, injuries	or
lamages, known or unknown, which I might incur as a result of participating in the programs. I knowing	ly,
voluntarily and expressly waive any claim I may have against the ABL Dancesport Center, DBA 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,
ny heirs or legal representatives forever release waive, discharge and covenant not to sue the ABL for any injury	or
leath caused by their negligence or other acts. ABL may use my email address for communication.	
I have read and understand all the above and agree to the above terms, including the Risk and Waiver of Liability	<i>v</i> .
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Parent/Guardian's Signature/		
Dancer's Signature (if 18 +):	Date:	
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