

# KATHI'S DANCE & GYM CENTER FALL REGISTRATION 2017-18

Please fill out the form below if you are interested in fall classes. The registration fee for returning students is \$15.00 if paid by **July 15th**. After July 15th the registration fee is \$20.00 for all returning students and new students that register. **Please give us your e-mail address if you use e-mail. This will really help us out a lot when it comes time to send schedules. Thanks!!**

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Old Class Time: \_\_\_\_\_

### FALL 2017-2018

	CLASS	LEVEL		CLASS	LEVEL
_____	Ballet	_____	_____	Team	_____
_____	Jazz	_____	_____	Pre-Team	_____
_____	Tap	_____	_____	Open Gym	_____
_____	Pointe	_____	_____	Kindercise	_____
_____	Hip Hop	_____	_____	Cheernastics	_____
_____	Kinderdance	_____	_____	Mommy & Me	_____

Scheduling conflicts or requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Please charge registration fee to credit card on file

# 2017-18 KDGC STUDENT INFORMATION

STUDENT'S NAME \_\_\_\_\_

STUDENT CELL PHONE NUMBER \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## MEDICAL INFORMATION

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

I/We hereby give my/our authorization to contact the above mentioned doctor when medical attention is needed and a reasonable but unsuccessful effort has been made to contact me/us.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Is there any medical or physical problem that the instructor should be aware of? \_\_\_\_\_

Does the student have any allergies? \_\_\_\_\_

Emergency Contact - Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does the student wear glasses or contact lenses? \_\_\_\_\_

## KDGC WAIVER FORM

I/we hereby make application for classes at Kathi's Dance & Gym Center, and upon acceptance I/we sincerely pledge to obey all rules and regulations which are set up for the purpose of keeping order and for the protection of pupils from injury. I/we recognize that a risk is involved in such studies that requires my/our adherence to these rules and instructors' discipline.

In consideration of accepting my/our entry into Kathi's Dance & Gym Center, I/we hereby release Kathi's Dance & Gym Center, their Officers, Instructors, Employees, Agents, members and authorized guests from all responsibilities and all claims for injuries that I/we may receive while practicing gymnastics, dance and its related activities.

In consideration of the acceptance of the above-named applicant(s) into Kathi's Dance & Gym Center, and also recognizing that there is a risk involved in practicing gymnastics, dance and its related activities, I/we the undersigned parent or guardian, hereby agree to save and indemnify and keep harmless Kathi's Dance & Gym Center, their Officers, Agents, Employees, Instructors, members and authorized guests against all liability, claims judgments or demands for damages arising from accidents or injuries or for any aggravation of a pre-existing condition or for any injury resulting from that condition.

### In addition, I/We understand the following:

1. This waiver must be signed and kept on file in order for my child to participate at Kathi's Dance & Gym Center.
2. After the 15<sup>th</sup> of each month, a 10% late fee will be added to my tuition account and my next payment will include this fee.
3. In the event that monthly tuition is not paid by the first of the following month, my child will be suspended from class.
4. There is no credit given for missed classes. Students who are excessively absent can't slow the class down.
5. Parental visitation is only on the last class of the month.
6. Withdrawals must take place during the last week of any 4 week session. If my child attends the first class of any 4 week session, my account will be billed for the entire session.

I/We acknowledge that I/We have read and understand this agreement. For value and/or consideration received this date, I/We attest to the agreement without duress.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_