



# Radiance Dance Studio

## 2024-2025 REGISTRATION FORM

Dancer Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date Of Birth (DD/MM/YYYY): \_\_\_\_\_ Year/Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Medications: \_\_\_\_\_

### PARENTS/GUARDIAN'S CONTACT DETAILS

Mother's Name: \_\_\_\_\_

Mailing & Physical Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mailing & Physical Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Full Name: \_\_\_\_\_

Relationship To Child: \_\_\_\_\_

Mailing & Physical Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

### POLICIES & PROCEDURES

**TUITION FEES:** Tuition payment must be made at the time of registration or on the first day of class. Payment can be made in full, per term or monthly. Term payment is to be made at the beginning of the term. Monthly payment is made by the 1st of the month. There will be a \$25 late fee charged for tuition made after the 7th of the month.

**CLASS CANCELLATIONS:** Radiance Dance Studio requires a minimum enrollment of 5 students per class, in most cases. Radiance Dance Studio reserves the right to cancel or combine classes that have insufficient enrollment after registration. Full refunds will be issued in these circumstances.

I understand I will be held responsible for all tuition, costume payments, and late fees as listed.

I have read and understand the policies and procedures outlined herein by Radiance Dance Studio.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## WAIVER RELEASE FORM

### TERMS OF RESPONSIBILITY, AUTHORIZATION AND EMERGENCY CONSENT

I/We the parent(s)/guardian(s) of \_\_\_\_\_, hereby give my/our approval to participate in Radiance Dance Studio activities. We know that participation in dance may result in injuries. I/We do hereby waive, absolve, indemnify, and agree to hold harmless Radiance Dance Studio, supervisors instructors, participants and persons involved with such activities from any claim arising out of injury to my/our child whether the result of negligence or for any other cause. I/We know that it is the policy of Radiance Dance Studio to notify a parent when a child is ill or is in need of medical attention. If medical attention is needed and a Radiance Dance Studio representative is unable to get in contact with a parent/guardian; the procedure is to take the child to the nearest hospital/clinic or call the emergency services.

### PHOTO RELEASE AGREEMENTS

I/We give full rights to Radiance Dance Studio and its staff to use photos and video images of me or my child to use for promotional purposes of Radiance Dance Studio only. Photos and video will be used in brochures, websites, advertisements, social media platforms, and other promotional material created by Radiance Dance Studio. Photos may appear with or without names in press releases and other print advertising.

### ASSUMPTION OF THE RISK AND LIABILITY RELATING TO CORONAVIRUS/COVID-19

Despite our careful attention to sterilization, disinfection, and social distancing practices, there is still a chance that you or your child could potentially be exposed to an illness on Radiance Dance Studio's facility. Although Radiance Dance Studio, has taken extra precautionary measures to reduce the possibility for transmission of communicable diseases, there is still a possibility that exposure may occur. Please know that participation in classes, workshops, performances or activities hosted by Radiance Dance Studio are at your own risk.

I/We agree to adhere to Radiance Dance Studio's safety measures and guidelines to help stop the spread of communicable diseases, including Covid-19, also known as the "Coronavirus".

I/for myself, and on behalf of my heirs, assign, personal representatives, and next of kin hereby release and hold harmless Radiance Dance Studio, it's owners, directors, employees, assistants, guest artists, and or students, with respect to any and all illness, disability, death, or loss of person property.

I have read, understand and agree to be bound by the above statement.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: (dd/mm/yyyy): \_\_\_\_\_