

2010-2011 Student Enrollment Form

Diva Danceworks By Amber
2412 Getz Road Fort Wayne, IN 46804
Amberv82@hotmail.com

Please complete all information and return this form by August 29th, 2010. All registration fees will be waived before this date. We cannot process your registration without this completed form.

Registrations received after August 29th, 2010 must include the full registration fee of \$15.

Student Information

Full Name: _____

Street Address: _____ City: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____

Parent/Guardian Information

Primary Guardian Name: _____ Cell Phone #: _____

Employer/Occupation: _____ E-mail Address: _____

Home Address (if different from student): _____

Secondary Guardian Name: _____ Cell Phone #: _____

Employer/Occupation: _____ e-mail Address: _____

Home Address (if different from student): _____

Academic Information:

Current School: _____ Phone #: _____

School Address: _____ City: _____ Zip Code: _____

School Contact Person: _____ Position: _____

Current Grade Level: _____ Enrolling Grade Level (2010-2011 School year): _____

Dance Experience

Please give a detailed description of previous dance experience, including; training, teachers, performances, awards, and summer camps.

(over please)



DIVA DANCEWORKS
BY AMBER

Revised: June 19, 2006
Registration Material

Tuition Policies

- Fees are due by the 7th of each month. A late fee of \$10 will be assessed if payment is received after close of business on the 7th of the month. **ALL LATE PAYMENTS WILL BE POSTED IN THE LOBBY OF THE STUDIO! PAY ON TIME TO AVOID THIS HAPPENING TO YOU!**
- Payments may be mailed to Diva Danceworks by Amber 2412 Getz Road Fort Wayne, IN 46804
- There is a \$15 registration fee, due upon enrollment, for all new students and returning students not registered by August 29th, 2010
- A \$20 service charge, plus any additional bank charges, will be assessed if the bank for any reason returns your check.
- No refunds are given on fees paid or costumes purchased (please initial: _____)
- \$100 drop-out fee applies for students who drop out after October 15th, 2010. (please initial: _____)
- Tuition applies for long (5 week) months, as well as short (3 week) months.
- Absences resulting from illness or injury must be paid in full, but may be made up in another regularly scheduled class within a month. It is the student's responsibility to find a time to take the make-up lesson.
- Consistent attendance is important for keeping your student current in their training. If a child has more than two absences in a semester, we reserve the right to remove the child from the class, if necessary.
- A behavior contract will be signed by each student and parent to avoid any confusion as to what is required to be a part of the studio. Parents, just as you have rules for your home, I have rules for each student. Please review this with your child so they are aware of the consequences from their choices in class.
- The annual show will be in May.. Costume fees are due in Oct/Nov time frame. Please inform the studio as soon as possible if you can not participate.

I/we understand and agree to abide by these tuition policies.

Parent or Guardian Signature: _____ **Date:** _____

Enrollment/ Please check all that apply

- Tap
- Jazz
- Ballet
- Lyrical
- Modern
- Pointe
- Hip-Hop
- Technique

Please enclose a recent school picture or headshot for identification purposes, and a photo-copy of the student's birth certificate. This form is not complete without the submission of these items.

Parent or Guardian Signature: _____ **Date:** _____



Permission and Release Agreement

I/we permit my/our child, _____, to attend and participate in all Diva Danceworks by Amber activities, events, and competitions.

Regarding Training and Instruction

I/we understand that dance training, and related courses, require sustained, repetitive, and vigorous physical activity. It is also understood that dance instruction involves kinetic corrections that may include physically touching a student as part of their regular class work and rehearsals. I/we understand that participants engage in a broad range of movements, which place extreme demand on the human body.

I/we understand that DDBA is not staffed to monitor and supervise the activities of its students at all times, and that tuition does not contemplate constant adult supervision.

Regarding Personal Injury

I/we understand that there are inherent risks of personal injury involved in all of the above activities, as well as in the general participation of DDBA activities and events (including off-site field trips and performances). I/we voluntarily accept such risks of personal injury and illness resulting from my/our child's attendance and participation. I/we hereby release DDBA and their trustees, employees, agents, and volunteers, from all actions, claims or demands, including those involving personal injury or property damage caused in whole or in part by negligence, active or passive, of DDBA.

Regarding Transportation (disregard if you are a non-competitive student)

I/we understand that there are inherent risks in transporting my/our child to off site events and activities, such as field trips, performances, and competitions. I/we approve that licensed drivers, using their own personal recreational vehicle, may transport my/our child. I/we hereby release DDBA and their trustees, employees, agents, and volunteers, from all actions, claims or demands, resulting in our participation in such events.

This authorization shall remain effective until September, 2011.

Parent or Guardian Signature: _____ Date: _____



Medical Information and Release Form

Student Name: _____

Student is subject to certain medical conditions as follows: _____

Student takes the following prescription medications on a regular schedule: _____

Student is allergic to the following: _____

Insurance Company Name: _____

Address: _____

_____ Phone #: _____

Preferred Hospital / Medical Network: _____

Name of Policy Holder: _____

Policy Holder ID # (or Social Security #): _____

Family Physician / Pediatrician: _____

I/we the undersigned parent (s) or legal guardian of, _____, a minor, do hereby authorize DDBA and it's adult employees and representatives as the agent for the undersigned to consent to emergency medical or dental care for the above-named minor, including, but not limited to, diagnostic imaging, examination, anesthetic, dental, medical, or surgical treatment, and hospital care, under the general supervision or advice of a licensed physician, surgeon, or dentist.

I understand this authority is given in advance of any specific diagnosis, treatment, or hospital care being recommended, but is given to provide authority and power to our agent to give specific consent to any and all such diagnosis, treatment, or care, which to the physician, surgeon, or dentist, in the exercise of his/her judgment, may deem advisable.

It is also understood that a reasonable effort will be made to contact the parents or legal guardians before medical testing, treatment, or care is administered. This authorization is for emergency cases only, as deemed by the supervising physician, surgeon, or dentist.

This authorization shall remain effective until September, 2011.

Parent or Guardian Signature: _____ **Date:** _____

Please attach a photo-copy of the front and back of both your insurance card and pharmacy card (if applicable). This form is not complete without the submission of these copies.

