Dance Workshop by Shari Class Registration

Please fill in and return this form (both sides) along with a \$25 per family registration fee. The form and fee should be sent to **Dance Workshop by Shari**, **Caste Village Shoppes**, **Suite M-101**, **Pittsburgh**, **PA 15236** as soon as possible. You will be mailed a recommended class schedule along with the appropriate tuition fees. The tuition will be based on the number of hours of instruction per week. **The first month's tuition is due before the first class. Please note: email address that you provide should be for the parent responsible for studio communications.**

Student Name			Ag	ge	_	
Parent's Name					.•	
Address			Zipcod	e	Home	
Phone	Parent Cell Phone	1	Cell Phone 2_			
Emergency Name and I	Phone				_	
Student's Birthdate		Parent's Email _				
School			Grade		_	
Current Students:	I would like a similar schedu	le as this year	yes	no		
	I would like additional/differ	ent classes or days _			_	
New Students:	Previous Dance Experience					
	Number of Years	Studio			_	
	Style(s) of Dance				_	
	Class Preference: Ages 3 thru	6. Combo provides	s intro to ballet, tap,	and gymnastics		
	3 yr pre-school co	mbo	4 and 5 yr combo)		
	elementary studer	t combo				
	Class Preference: Ages 7 thru adult. Specialized classes in specific dance types.					
	ballet poin	tejazz	lyrical			
	taphip h	opacro/g	gym private le	esson		
	Preferred Day(s) of Week					
Heard about us?	Newspaper Friend	Mailing	Website Stud	io EventsOthe	r	
Do you use Facebook?	yesno					
Medical/Behavioral Pro	oblems/Allergies/Special Need	s:				
Office Use Only:	Class 1 Day/Time	Cl	lass 2			
Class 3	3 Day/Time	Class 4				
Tuition: Month	ıly Year	·ly	Semi-Annu	al		
Discounts Applied:	Multiple Class	Sibling		_		
Amt Paid: Registra	ntion: Check #	Dt Pd	Tuition:	Check #		

Release From Liability and Payment Terms

agreement do hereby ac on the body and carry guardians, I assume th assistants and any of the	eknowledge that the activities the with them the risk of physical erisk and agree that the Dance chaperones and agents shall no	, a minor, upon signing this at I have requested my daughter/son participate in may be stressful injury. On behalf of my child and her/his parents and/or legal we Workshop by Shari, Inc., Shari Opfermann, Directors, Faculty, at be liable in any way for any injuries sustained or loss of property functions, as a participant or an observer on or off the premises.
understand that as a pastudio or a performance television networks and and further utilize partipromoting the program posting, such as Facebo	articipant the above mentioned are venue. We hereby grant to Dad all other commercial exhibitor cipant's name, face, likeness, von, without reservation or limitate book, Instagram, Twitter, or the l	time, produces promotional material about its programs. We minor may be included in video tape or photographs taken at the ince Workshop, its successors, assignees, licensees, sponsors, and its, the exclusive right to photograph and or video tape participant sice and appearance, as part of the program, and in advertising and iton. This explicitly allows use in any Social Media campaign or itse. In granting this license, I understand that Dance Workshop is and privileges herein granted by participant.
family health insurance	ce. It is understood that the stical services, out of pocket ex	ergency medical care. Students <u>must</u> be covered by their own ident's own health insurance policy will be the only source for penses, and pain and suffering that may be incurred or result
tuition is based upon during any given mon of the number of schee late fee if tuition is no	the total number of schedule th. The tuition payments are e duled classes during that mont ot received by the 10 th of each	h month starting in September and running through May. The d classes for the year, and is not based on the actual classes wenly spread over the year and will remain the same regardless h. I understand the tuition is non-refundable and there is a \$10 month. If your account becomes 2 months delinquent, your es, until the account is brought current.
I have read and under	estand the Studio Policies.	
Parent/Guardian Signature		Date
Place of Employment:	Mother	Phone
	Father	Phone
Medical Insurance Provider		ID/Agreement Number

Family Physician _____ Phone Number _____