

Dubuque Dance Studio and Gymnastics Club

2009-2010 Registration Form

This form must be on file in our office, registration fee paid and tuition paid before the student(s) first class. Please do not come the first day of class to register.

ACCOUNT LAST NAME _____

STUDENT'S FULL NAME _____ (to register more students please use the back of this form)

1ST _____ BIRTHDATE _____ GRADE _____ SCHOOL _____

2ND _____ BIRTHDATE _____ GRADE _____ SCHOOL _____

3RD _____ BIRTHDATE _____ GRADE _____ SCHOOL _____

PARENT(S) FULL NAME _____ *EMAIL* _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK/CELL# _____ FOR TEXT MESSAGES - LIST CARRIER _____

HEALTH PLAN _____ ILLNESS OR PRE EXISTING MEDICAL CONDITION _____

DATE OF LAST PHYSICAL _____ DOCTOR _____ CURRENT MEDICATION _____

MEDICAL COVERAGE: All students are advised to provide their own accident and health insurance. If a student is under a doctor's care for a specific chronic ailment, you will need a doctor's release, and it must be documented on this form.

PHOTOS: We reserve the right to video tape and take pictures in class for training purposes and advertisement.

REGISTRATION FEE: Our standard session runs with the school year, September thru May. There is an annual Registration Fee of \$15.00 due at registration, \$20.00 for a family. These are *NON REFUNDABLE fees, mandatory fees* due when you return this form and/or register for class.

CLASS SCHEDULING AND FEE PAYMENT: Class payment is due before the 1st of the month. If tuition is not paid before the 1st a mandatory late fee of \$3.00 is applied to the account. When a student is registered, or begins classes, you are assigned a class for the entire term. Our class session runs from September through May. If during that time you decide to stop taking lessons, we must be notified two weeks in advance. It is mandatory that you hand in a two week written notice to our office when discontinuing class. If you are on one of our teams, it is a 30 day notice in writing. Please note team is a year around activity and commitment - notice must be given or you are registered for the next session. Charges will continue on all accounts until the notice is received in our office. You are fully responsible for all charges during this time, **NO EXCEPTIONS**. Monthly, seasonal lessons paid are *NOT REFUNDED for any reason*. When signing up for summer and special sessions, if you are unable to attend, fees cannot be refunded. If you are absent from a lesson, you may make it up within 30 days by calling ahead to reserve a place in an appropriate class that has available space. If make-up times are not available, you forfeit your class. Students are not able to make up classes after their session is over, the student must be an active member, and paying for the month (session) in which the make up class is taking place. Registration for events, competitions, meets may not be paid for if you have an outstanding balance on your account. All members who register or attend classes agree to comply with all studio and club policies as outlined in our brochure and on this form.

I release Dubuque Dance Studio and Gymnastics Club, its directors and staff from any and all responsibilities due to accident or injury sustained in/at/around/acquainted with Dubuque Dance Studio and Gymnastics Club. I am aware that in gymnastics and dance, as in any sport involving height and motion, the possibility of serious injury, paralysis and even death is present. The child/children above have my full consent to participate in the program. I/we give permission for a DDS&G representative to administer bandages/Tylenol etc, to transport when needed and place my child in their care when traveling. In the event of an emergency I/we give DDS&G, its coaches or staff permission to obtain and sign for medical treatment.

I have read this form and received the brochure.

PARENT SIGNATURE _____ DATE _____

For classes not listed on the schedule and for new students: please supply us with the following information and your registration fee. Students will be grouped with their appropriate age and level. Please circle your choice-

Parent/Tot Tap/ballet/jazz Jazz/Hip Hop Gymnastics Dance Company Competitive Gymnastics Tumbling Team

Please schedule after this time _____ please schedule us on one of these days _____

Student's experience _____

Returning students who have given day/time please fill out below

(Circle one) Summer - Fall Name _____ Day _____ Time _____ - _____ 2612 University - MD MG JD JG Galena Peosta Hanover Maqu

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Room abbreviations for 2612 University Ave, Dubuque: Main Dance = MD / Main Gym = MG / Junior Dance = JD / Junior Gym = JG
Galena = Galena ARC / Peosta = Peosta Community Center / Hanover = Hanover Township Park District / Maquoketa = 1712 E Maple St, Maquoketa, Iowa 52060

WE RESERVE THE RIGHT TO CANCEL AND RESCHEULE CLASSES IF THE NEED ARISES

The next line is for new members only. This will apply if the student has never been a member to our organization before.
Dubuque Dance Studio and Gymnastics Club was referred to us by _____

At the time of registration, if the new family fills out the referral blank, a \$10.00 credit will be applied to the active family's account that recommended us to the new members. This amount cannot be received as cash and can only be used as a credit and applied to *tuition* as of the month of October 2009.