



For office use only - Registration Received: _____

636-391-0838

16189 Westwoods Business Park, Ellisville, MO 63021

www.reneejohnsonsdance.com

Dance Year 2011-2012

Returning Student Form

To be considered a returning student, the student must have taken and paid for classes through April of 2011 and start no later than November 1, 2011. Siblings just beginning dance are not considered returning students. A \$25 DEPOSIT (non-refundable) must be included to secure class placement. This deposit will be applied to September tuition. All forms **MUST** be received by **August 1, 2011** to guarantee proper class placement. (Office use only: CHECK# _____ or CASH ONLY)

Student/Dancer Information

Today's Date: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ (as of Sept 2, 2011) Birth Date: _____ Grade Entering: _____

School Attending: _____ Earliest time available for class? _____

Pre-School/Kindergarten: AM _____ PM _____ All day _____

Which days do they attend school: M _____ TU _____ W _____ TH _____ FR _____

Siblings that dance at Renee's: _____

Parent Information

Mother's Name: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mailing/Billing Address (if different from student's address):

Address: _____

City: _____ State: _____ Zip: _____

RENEE'S DANCE STUDIO AND/OR TROTTER PHOTOGRAPHY MAY USE MY CHILD'S PHOTO FOR ADVERTISING OR WEB PURPOSES. YES NO SIGNATURE: _____



Liability Form

I, _____, am the parent/legal guardian of _____, who was born on (00/00/0000) _____ or the adult student.

While Renee Johnson Dance Studio makes every effort to insure the safety of its students and guests:

- 1. Liability Release:** I, _____, hereby release Renee Johnson Dance Studio, all employees, parent volunteers and instructors employed by or contracted by Renee Johnson Dance Studio from all liability of damages, injuries, or expenses due to injuries that may occur to my (son/daughter) _____ during their participation in class or other dance activities sponsored by Renee Johnson Dance Studio. I acknowledge that certain types of injuries are common and inherent in dance-related activities, and hereby agree that I, my child, our assignees, heirs, distributees, guardians, and legal representatives will not make a claim, demand, or cause of action against Renee Johnson Dance Studio all employees, parent volunteers and instructors employed by or contracted by Renee Johnson Dance Studio. They are not liable for personal injuries or loss of/damage to personal property while attending Renee Johnson Dance Studio or participating in off-premise activities sponsored by Renee Johnson Dance Studio.
- 2. Assumption of Risk:** On behalf of my child, I hereby agree to accept and assume any and all risk involved in or arising from my child's use of, or attendance at Renee Johnson Dance Studio. This includes, but is not limited to, risks of death, bodily injury, or property damage resulting from an accident while traveling, all dance activities and sponsored activities, or the negligent or deliberate act of another.
- 3. Emergency Medical Treatment:** In an emergency medical situation, when parent/guardian verbal permission is not available, I hereby authorize a staff member of Renee Johnson Dance Studio to consent to any medical or dental care treatment for my child to be rendered under the supervision of a qualified physician, surgeon, or dentist. I understand dance and acrobatics are very strenuous physical activities and accidents can happen that may cause injury.
- 4. Indemnify and Defend:** I agree, on behalf of myself and my child, to indemnify and defend Renee Johnson Dance Studio all employees, parent volunteers and instructors employed by or contracted by the Renee Johnson Dance Studio and hold each harmless from any and all claims, causes of action, damages, and judgment costs or expenses, including attorney's fees and costs, which may arise from my child's use of or participation in activities at or sponsored by Renee Johnson Dance Studio.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Renee Johnson Dance Studio, all employees, parent volunteers and instructors employed by or contracted by Renee Johnson Dance Studio and do sign of my own free will.

Parent/Legal Guardian or Adult Signature: _____

Address: _____

Date: _____ Drivers License #: _____ Exp Date: _____

Parent/Legal Guardian Name (Please Print): _____

Student Name: _____

Dancers Dance History (Please make sure information is accurate for proper placement.)

Experience: (please indicate by # of years of training)

Tap _____ Ballet _____ Jazz _____ Lyrical _____
Pointe _____ Acrobatics _____ Hip Hop _____ Pom Pon _____

What classes were you enrolled in last year? Day/Time&Teacher _____

Dance Interest - Please check all areas of interest!

3 and 4 year olds – 1 hour class

_____ Combination Tap, Ballet and Tumbling

Kindergarten and 1st Graders

_____ Tap/Ballet – 45 minutes class

_____ Diva Jazz Class – 30 minutes class (must be enrolled in Tap/Ballet Class to take)*

_____ Diva Hip Hop Class – 30 minutes class

2nd Grade and Up – Beginning and Intermediate Levels

_____ Combination Tap/Ballet/Jazz – 1.25 to 1.50 hours combined – same teacher

_____ Hip Hop Class – 45 minutes class

_____ Pom Pon Class – 45 minutes class

_____ Ballet Technique – 45 minutes class (pre-requisite for Pointe Class)*

Intermediate to Advanced Levels – (MUST have teacher approval to take)

_____ Ballet Class – 45 minutes class

_____ Jazz Class – 45 minutes class **

_____ Lyrical/Contemporary – 45 minutes class **

_____ Tap Class – 45 minutes class

_____ Pointe Class – (with Ballet Technique-MUST have teacher approval to take)

Other Dance Opportunities:

_____ Stretch, Leaps and Turns – 45 minutes class*

_____ Boys Hip Hop (Boys ONLY) – 45 minutes class

_____ Boys Tap Class (Boys ONLY) – 30 minutes class

* = No Recital Dance

** = MUST be enrolled in Ballet Class

Comments/Special Interest: _____

CIRCLE DAYS AVAILABLE FOR DANCE: M TU W THU FRI SAT

OFFICE USE ONLY

Class: _____	Class: _____	Class: _____	Class: _____
Day: _____	Day: _____	Day: _____	Day: _____
Time: _____	Time: _____	Time: _____	Time: _____
Teacher: _____	Teacher: _____	Teacher: _____	Teacher: _____
Room: _____	Room: _____	Room: _____	Room: _____
Class: _____	Class: _____	Class: _____	Class: _____
Day: _____	Day: _____	Day: _____	Day: _____
Time: _____	Time: _____	Time: _____	Time: _____
Teacher: _____	Teacher: _____	Teacher: _____	Teacher: _____
Room: _____	Room: _____	Room: _____	Room: _____