

Mother's Name _____ Father's Name _____

Address _____ City/State/Zip _____

Primary Phone _____ (home/cell) Email _____

In the case of an emergency, who would you like us to contact?

1. Name _____ Number _____ Relation to student(s) _____

2. Name _____ Number _____ Relation to student(s) _____

How did you hear about DDC&G? _____

Student Name _____ girl / boy Date of Birth _____
Health Conditions _____
Student Name _____ girl / boy Date of Birth _____
Health Conditions _____
Student Name _____ girl / boy Date of Birth _____
Health Conditions _____

Emergency Medical Authorization and Release

As long as my family is enrolled at Dublin Dance Centre & Gymnastics: In the event of reasonable attempts to contact me at the above phone numbers are unsuccessful, I hereby give my consent to the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone) or by Dr. _____ (preferred dentist) at _____ (phone). In the event the designated preferred practitioner is not available, transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. Dublin Dance Centre & Gymnastics cannot assume responsibility for treatment of an ill or injured child beyond the administration of first aid.

In consideration of said student/s enrolling with Dublin Dance Centre & Gymnastics, the parents/guardians and the said student/s voluntarily assume all risk of accident or damage to said student/s property and hereby release and discharge Dublin Dance Centre & Gymnastics from every claim, liability, or demand of any kind for or on account of any personal injury or damage of any kind sustained.

Authorized Signature _____ **Date** _____

Photo Release

By signing below, I give Dublin Dance Centre & Gymnastics permission to publish photographs of my family in advertising and marketing campaigns. I understand that my pictures may be used indefinitely in newspapers, magazines, brochures, on the internet and other media associating with Dublin Dance Centre & Gymnastics without photo credit.

Authorized Signature _____ **Date** _____

Tuition and Performance Policies

_____ I understand there is an annual, non refundable \$35 registration fee.

_____ I understand that **tuition is due on the first of each month** and is late after the 10th.

_____ I understand there is a billing fee of \$10 if I have not paid tuition by the 10th of each month.

_____ I understand tuition is not pro-rated for reasons such as illness, vacations or weather due to limited class sizes. Make-ups are always available.

_____ I understand I am responsible for tuition until I formally withdraw in writing.

_____ I understand that DDC&G assumes students will participate in the performance unless formally notified in writing.

_____ I understand **performance fees are due in full on November 1** (fall classes). If I have not paid by November 1, I understand my student will not receive a costume and may not participate in the performance.

_____ I understand January class enrollment performance fees are due on February 15. If I have not paid by February 15, I understand my student will not receive a costume and may not participate in the performance.

I understand and agree to abide by these policies as long as my family is enrolled at DDC&G.

Authorized Signature _____ **Date** _____

OFFICE USE

Welcome letter given or emailed Date _____ Staff Initials _____