



## 2016-2017 REGISTRATION

### **Student Information**

Last Name	First Name	Middle Initial
Date of Birth	Years of Experience (new students only)	Tap/Ballet/Jazz Other
School	2016-2017 Grade	

### **Student Medical Information**

Does your child have any medical conditions that the Dance Elite, LLC staff needs to be aware of? If yes, please explain.

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### **Family Information**

Parent(s) Name		Party Responsible for Account Payment	
Mailing Address		Billing Address (if different)	
Town, State, Zip code		Town, State, Zip code	
Home Phone	Cell Phone	Email	
Mother's Work Phone		Father's Work Phone	

### **Emergency Contact Information**

Person to Contact	Telephone Number
Alternate Emergency Contact/Relationship to Child	Telephone Number

### **Dance Elite LLC Policies Agreement**

**Representation** My child has my permission to participate in dance, dance performances, and movement activities. I am enrolling my child as a student at Dance Elite LLC in the classes listed on the back of this sheet. I received a copy of Dance Elite LLC's policies and fee requirements and understand this information. I understand that I am to pick up my child by the end of class time and that he/she will not be supervised outside the classroom, therefore Dance Elite LLC cannot be held responsible for the student's welfare. I understand that I must arrange for supervision during any scheduled break between classes, must drop my child off no more than 10 minutes prior to the start of class and pick my child up no later than 10 minutes following his/her last class. I understand that class size is limited and enrollment is first come, first serve. I agree that siblings of dancers may not be at Dance Elite without the direct supervision of a parent.

**Release/Waiver** I hereby agree to indemnify and hold harmless Dance Elite LLC, its agents and its employees from and against any and all liability, claims, damage, costs, or harm caused by or resulting from any and all personal injuries or damages of any kind incurred during participation in the Dance Elite LLC program by my child, children or their siblings. Further, I authorize Dance Elite LLC staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by Dance Elite LLC staff to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless Dance Elite LLC personnel from any liability or claims whatsoever, related to the seeking of medical care for my child, children or their siblings.

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Parent Signature	Date
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Please include a check for \$15.00, payable to Dance Elite, to reserve your class space. The registration fee is per student and non-refundable.



## 2016-2017 REGISTRATION

Family Name \_\_\_\_\_

wishes to enroll in the following classes:

Dancer's Name \_\_\_\_\_

Class Name*	Day/Time	Instructor	Class Length	Monthly Tuition
<b>Quick Calculations</b>			<b>Total Class Length/Tuition</b>	

1/2 hour class	\$33.00
1 hour	\$45.00
1 1/2 hours	\$65.00
2 hours	\$85.00
2 1/2 hours	\$105.00
3 hours	\$125.00
3 1/2 hours	\$145.00
4 hours + (unlimited tuition)	\$165.00

Students may register for classes in the following ways:  
 Telephone: (636) 677-9998  
 By mail: P.O. Box 458 High Ridge, MO 63049  
 At Dance Elite  
 Online at [danceelitellc.com](http://danceelitellc.com)  
 Visit us online at [danceelitellc.com](http://danceelitellc.com)  
 Become a fan on Facebook!

***Thank you for choosing Dance Elite!***

<b>Dance Elite LLC Photo Consent Agreement</b>	
<p><b>Photo Consent</b> By my signature, I agree that Dance Elite LLC may use the digital or print image of my minor child, _____, in the routine promotion of its classes and activities, and for other non-commercial applications. I understand that this use might include printed publications, newspaper advertising, and posting on the following websites: <a href="http://danceelitellc.com">danceelitellc.com</a> and the official Dance Elite LLC facebook page. I realize that no names will be used in conjunction with a dancers' photograph, unless specific permission is given by me.</p>	
Parent Signature _____	Date _____

**Office Use Only**

Check #	Cash	CC	Received by	Date	Notes