

**Premiere Dance Center**  
9217 HWY 290 West, Suite 140  
Austin, Texas 78736

**(512)301-7475**

www.PremiereDanceCenterTX.com  
email: info@PremiereDanceCenterTX.com  
Fax: (512)301-7475

### 2010-2011 STUDENT REGISTRATION FORM

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/ZIP:** \_\_\_\_\_

**PHONE-HOME:** \_\_\_\_\_

**(M) CELL:** \_\_\_\_\_ **(D) CELL:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

\*information will be sent regularly, please be sure the email address on file is up-to-date.

**EMERGENCY CONTACT:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**1ST STUDENT:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** M/F

**CLASS ENROLLMENT INFORMATION:**

1.) DAY:	TIME:	CLASS:	START DATE:
2.) DAY:	TIME:	CLASS:	START DATE:
3.) DAY:	TIME:	CLASS:	START DATE:
4.) DAY:	TIME:	CLASS:	START DATE:
5.) DAY:	TIME:	CLASS:	START DATE:
6.) DAY:	TIME:	CLASS:	START DATE:
7.) DAY:	TIME:	CLASS:	START DATE:
8.) DAY:	TIME:	CLASS:	START DATE:
9.) DAY:	TIME:	CLASS:	START DATE:

DOES YOUR DANCER HAVE ANY ALLERGIES? (e.g. bee stings, food allergies, medication) Please specify or write "none".

**2ND STUDENT:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** M/F

**CLASS ENROLLMENT INFORMATION:**

1.) DAY:	TIME:	CLASS:	START DATE:
2.) DAY:	TIME:	CLASS:	START DATE:
3.) DAY:	TIME:	CLASS:	START DATE:
4.) DAY:	TIME:	CLASS:	START DATE:
5.) DAY:	TIME:	CLASS:	START DATE:
6.) DAY:	TIME:	CLASS:	START DATE:
7.) DAY:	TIME:	CLASS:	START DATE:
8.) DAY:	TIME:	CLASS:	START DATE:
9.) DAY:	TIME:	CLASS:	START DATE:

DOES YOUR DANCER HAVE ANY ALLERGIES? (e.g. bee stings, food allergies, medication) Please specify or write "none".

**HOW DID YOU HEAR ABOUT US? (PLEASE CIRCLE ONE)**

RETURNING STUDENT

FRIEND

DRIVE-BY

INTERNET

OTHER: \_\_\_\_\_

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### Medical Release Authorization

This form is to authorize Premiere Dance Center, 9217 US HWY 290 West, Suite 140, in Austin, Texas, their agents, representatives and employees (hereafter "The Company") to obtain medical assistance and to provide transportation for the child/children herein below named, and to release "The Company" from liability for injuries to children while on school premises or otherwise in the care of the school staff members, such as transporting the children.

In the event that I/we cannot make arrangements for emergency medical attention at the time of illness or accident of my child/children, \_\_\_\_\_ (child's name), I hereby authorize "The Company" to take my child to: Dr. \_\_\_\_\_ (specify or indicate "ANY"), Phone \_\_\_\_\_ Address \_\_\_\_\_ or to, \_\_\_\_\_ Hospital where medication or medical procedures they may deem necessary for my child's/children's well being will be administered. The undersigned further agrees to be financially responsible for such medical services, including the cost of defense and enforcement of the indemnity agreement.

I further understand and agree that "The Company" may administer simple first aid in the event of minor injuries, and family members or doctors will be called when in the discretion of "The Company", it is deemed necessary.

As the parent/guardian of the child/children, \_\_\_\_\_ (child's name), I am fully responsible for the care and well being of the child/children. I agree that "The Company" shall not be liable for any damages, claims or compensation of whatever nature (including liability for negligence, strict liability, or otherwise) that may arise to me or for my benefit, in the name of or for the benefit of the child/children, or in the name of or for the benefit of any other person as a result of personal injury to the child/children named above while on the premises of the school or otherwise in the care of "The Company" including any such injuries sustained while the child/ children is being transported to programs of "The Company." Provided, however, "The Company" shall be liable for injuries resulting from gross negligence of "The Company," or injuries intentionally inflicted by "The Company."

### Tuition, Registration, Withdraw & Media Authorization

**Tuition is due on the first of each month. Tuition received later than the 10th of each month will inquire a \$15 late fee.** Students that are one month late on tuition will not be allowed to attend class. No additional charge is applied when a fifth lesson occurs, nor is there a reduction when fewer than four classes are held due to holiday or absence. There are no refunds or adjustments made to tuition, costume payments or any other purchases from PDC.

A registration fee of \$30 per student or \$45 per family, is due at the time of enrollment, as well as annually at Fall registration.

**I acknowledge that I am responsible for withdrawing my dancer, if the student quits before the completion of the dance season.** A withdraw form must be submitted to the PDC office by the first of the upcoming month. Withdraw forms received after the first will be charged that months tuition and the withdrawal will take place on the first of the coming month. **I understand I am responsible for tuition and late fees until a withdraw form is submitted.**

I acknowledge that my child may be videotaped or photographed for educational, performance or advertising purposes.

I have read the foregoing Medical Release, Registration, Withdraw and Media Release and agree with it in all respects.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_