

# SSOD PINK CLASS REGISTRATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt size \_\_\_\_\_

PINK Monthly Payment: \$55.00

## ***CIRCLE WHICH CLASS DAY YOU WOULD LIKE TO ATTEND:***

Class Day(s): Monday 3:30-4:30 or Tuesday 5:00-6:00 or Thursday 3:30-4:30

## **YES! (circle) I WOULD LIKE A FREE PERSONALIZED STATESBORO SCHOOL OF DANCE CAR DECAL.**

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School attending \_\_\_\_\_

Insurance and registration fee \$35.00 individual \$45.00 family \_\_\_\_\_ check # \_\_\_\_\_

August tuition Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

SSOD Uniform Fee \$ 48.00 Check # \_\_\_\_\_

Nutcracker Fee \$ 50.00 Check # \_\_\_\_\_

Faith in Motion Fee \$25.00 Check # \_\_\_\_\_

## **Statement of Understanding**

### **Participation Waiver:**

I, \_\_\_\_\_, hereby give my approval to her/his participation in classes and performances with the Statesboro School of Dance. I understand there may be risks to participation in a physical activity and I hereby agree that I am solely responsible for the physical well-being of the above mentioned. I hereby waive, release, absolve and indemnify, and agree to hold harmless the Statesboro School of Dance, its teachers, instructors and volunteers assisting or overseeing activities sponsored by the Statesboro School of Dance should an activity result in the injury of the above mentioned. I further waive the right to a jury trial in connection with any action concerning the foregoing.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **Student Agreement:**

I, \_\_\_\_\_, have read the Statesboro School of Dance brochure and I agree to abide by the rules mentioned therein. I understand that if I am consistently and repeatedly unable to follow the behavior guidelines mentioned in the brochure, I may be removed from class. I also understand that participation in a performance group is a commitment of time and talent, and that, as part of a group, I will agree to attend all rehearsals and performances to the best of my ability. I understand that students missing more than 25% of classes and /or rehearsals may be removed from a performance.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As the parent/guardian of the above minor, I agree to assist her/him in adhering to the guidelines listed in the Statesboro School of Dance brochure.

Signature of Parent/Legal Guardian: \_\_\_\_\_