

# Butler Dance Center

[www.butlerdancecenter.com](http://www.butlerdancecenter.com)

560 Evans City Road Butler, PA 16001

Email: [ButlerGymnastics@zoominternet.net](mailto:ButlerGymnastics@zoominternet.net)

\*\*\* \$20 REGISTRATION FEE – DUE AT REGISTRATION \*\*\*

STUDENT INFORMATION				
Student's Last Name	First Name	Middle Initial	Age	Gender Female Male
Street Address		City	State	Zip Code
Home Phone (    )	Cell Phone (    )	Email Address		
School Name		Grade		
PARENT/GUARDIAN INFORMATION				
Father	Mother	Other (Please Specify)	Relationship to Student	
Father – Place of Employment	Work Phone (    )	Mother – Place of Employment	Work Phone (    )	
Street Address		City	State	Zip Code
Father Primary Phone (    )		Mother Primary Phone (    )		
Email:		Email:		
OTHER EMERGENCY CONTACT				
Name	Relationship to Student	Home Phone Number (    )	Cell Phone Number (    )	

CLASS SELECTION – Please Circle
Tap (3 yr +)                  Jazz (4 yr +)                  Ballet (6 yr +)                  Hip Hop (6 yr +)                  Musical Theater (6 yr +)
Lyrical (12 yr +, Must also take Ballet)                  Kickline (12 yr +, Must also take Jazz)
Private (10 yr +, Must also take Class) <b>List Style(s) of Dance for Private:</b> _____
Previous Dance Experience (List Styles and Years Studied):

<b>MEDICAL INFORMATION</b>			
Physician Name		Office Phone (     )	
Street Address		City	State     Zip Code
Medical Insurance Provider	Plan	ID #	
Allergies	Medications	Medical Conditions (Please list any handicaps, learning disabilities or chronic conditions)	

**EMERGENCY CONSENT**

It is the policy of Butler Dance Center to notify a parent when a child is in need of medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Please sign below so that we can take appropriate action on behalf of your child.

I, THE PARENT OF \_\_\_\_\_, UNDERSTAND THAT MY SIGNATURE ON THIS FORM GIVES MY CONSENT TO THE STAFF OR THOSE REPRESENTING BUTLER DANCE CENTER TO TRANSPORT MY CHILD (AND OR WARD) TO A HOSPITAL OR CALL AN AMBULANCE SO EMERGENCY CARE CAN BE GIVEN. I ALSO GIVE MY PERMISSION TO ADMINISTER EMERGENCY CARE.

Parent/Guardian Signature	Date
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Parent/Guardian Signature	Date
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**RELEASE FROM LIABILITY AND PAYMENT TERMS**

We, the undersigned parents and/or guardians of \_\_\_\_\_, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury. On behalf of my child and her/his parents and/or legal guardians, I assume the risk and agree that the Butler Dance Center, Steve Heasley, Directors, Faculty, assistants and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the dance studios, any of its related functions, as a participant or an observer on or off the premises.

We understand the Butler Dance Center from time to time, produces promotional material about its programs. We understand that as a participant the above mentioned minor may be included in video tape or photographs taken at the studio or a performance venue. We hereby grant to Butler Dance Center, its successors, assignees, licensees, sponsors, and television networks and all other commercial exhibitors, the exclusive right to photograph and or video tape participant and further utilize participant's name, face, likeness, voice and appearance, as part of the program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that Butler Dance Center is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant.

My child has permission to receive any necessary emergency medical care. Students must be covered by their own family health insurance. It is understood that the student's own health insurance policy will be the only source for payment for any medical services, out of pocket expenses, and pain and suffering that may be incurred or result from treatment due to the injury.

I understand that tuition is non-refundable and there is a late fee if tuition is not paid by the tenth of each month. If your account becomes one month delinquent, your student will not be permitted to attend further classes, until the account is brought current.

I have read and understand the Studio Policies

Parent/Guardian Signature	Date
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Parent/Guardian Signature	Date
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