



Butler Dance Center

www.ButlerDanceCenter.com

560 Evans City Road Butler, PA 16001

Email: ButlerGymnastics@zoominternet.net



Butler Dance Center

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

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

CLASS SELECTION – Please Circle			
Dancin Dollies (3-4yr)	Jazz (6 yr +)	Hip Hop (6 yr +)	
Dancin Darlings (4+5yr)	Musical Theater (6 yr +)	Ballet/Lyrical (6yr +)	
Mini Lyrical (4+5yr)	Tap (6yr)	*All classes half hour except Dancin Darlings and Dancing Dollies which are 1 hour in length	
Previous Dance Experience (List Styles and Years Studied):			

MEDICAL INFORMATION			
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			
<p>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.</p> <p>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.</p>			
Parent/Guardian Signature			Date
Parent/Guardian Signature			Date
RELEASE FROM LIABILITY AND PAYMENT TERMS			
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I have read and understand the Studio Policies</p>			
Parent/Guardian Signature			Date
Parent/Guardian Signature			Date

