

STEPPIN'OUT 2024 SUMMER REGISTRATION FORM

Parent 1 First Name: _____ Last Name: _____

Phone 1: _____ Phone 2: _____

Mailing Address: _____

Email Address: _____ (for studio info & newsletters)

Parent 2 First Name: _____ Last Name: _____

Student #1 First Name: _____ Last Name: _____

Birthdate: _____ Age: _____

Student #2 First Name: _____ Last Name: _____

Birthdate: _____ Age: _____

(ADDITIONAL STUDENTS PLEASE USE BACK OF REGISTRATION FORM)

PLEASE LIST CLASS/CLASSES STUDENT/STUDENTS WILL TAKE

Student #	Class Name	Day & Time	Instructor

Medical Conditions or Allergies: _____

Registration Fee Enclosed:\$ _____ September Tuition Enclosed:\$ _____

I am responsible for fees for all services rendered. I have read and understand the tuition policy for dance and aerial classes. I agree to allow Steppin'Out Dance Academy, Corp. to automatically charge my credit card for any balances or fees that are past due on my acct.

I understand that I will receive a \$10 charge if my card on file is declined a second time. In consideration of the benefits derived from Steppin'Out Dance Academy, Corp., I (we) do hereby agree to hold harmless the Steppin'Out Dance Academy, Corp., it's agents or employees for any and all claims of personal injuries to myself, my (our) daughter(s)/son(s)while participating in said dance, aerial, fitness, or other activities on the premises.

I understand that photos and videos may be taken throughout the year, and these images may be published or used for advertisement or promotional purposed by Steppin'Out Dance Academy, Corp, and it's agents. I relinquish my right to protest any such use, or receive compensation of any type.

CREDIT CARD TO KEEP ON FILE: _____ EXP. DATE: _____

(required)

*I elect to have my monthly tuition fees automatically charged to the card on file: Yes:____ No:____

Parent or Legal Guardian Signature: _____ Date: _____

Please Print Name: _____

