**A picture containing drawing, shirt

Description automatically generated**

**Student Registration Form**

Student’s Name (First & Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (if under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mailing Address:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town: State: Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If address and phone numbers are different from above please include:  
Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please provide proper email address for studio information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please advise us of any medical conditions that may affect the student’s participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release:** The Riot Dance Center and its instructors/staff are not liable for the personal injuries, loss of, or damage to personal property. Parents, legal guardians of minors, students, and adult students waive the right to any legal action for any injury sustained on school property resulting from normal dance activity, tumbling, training equipment, inflatable or any other activity conducted by the students before, during, or after class time. The undersigned gives permission to The Riot Dance Center, its owners and operations to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical./mental problems, restrictions, or condition and/or declare the participant to be in good physical an mental health.

**Payment by automatic bank account debit or automatic credit card charge:** Tuition will be debited from you bank account or credit card on the 1st day of each month or charged to your credit card the **1st day of the month or the 10th if asked.** You must sign an auto-debit or automatic credit card charge authorization form. Credit card or bank debit payments are not accepted for in-person payment on a monthly basis. Payment must be made by pre-authorized automatic monthly payment. Only regular monthly or annual fees may be paid by auto-debit or credit card. Check or cash must pay incidental fees such as recital tickets. A $25 processing fee will be charged for all returned checks or declined auto- pay transactions. There will be a **$25 late charge** assessed on the 16th of the month.

**Photo Release:** The Riot Dance Center is hereby granted permission to take photographs of the students to use in brochures, websites, posters, advertisements, and other promotional materials. Permission is hereby granted to copyright such photographs in its name.  
**Absences/Makeups:** All personal absences such as illness, vacation, etc. may only be made up within the same month. If a personal absence occurs on the last week of the month, the class may only be made up within the first week of the following month. We do not pro rate for studio closures or personal absences. The studio breaks with the Puyallup School Districts, and studio closures and holidays may not be made up. The studio closures are worked out into tuition and are not pro-rated.

**Coronavirus:** I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.   
I further acknowledge that Riot Dance Center has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.  
I further acknowledge that Riot Dance Center cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, salon staff, and other salon clients and their families.  
I voluntarily seek services provided by Riot Dance Center and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.  
I attest that:  
\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.  
\* I have not traveled internationally within the last 14 days.  
\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.  
\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.   
\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.  
\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.  
I hereby release and agree to hold Riot Dance Center harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Riot Dance Center. I understand that this release discharges Riot Dance Center from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Riot Dance Center. This liability waiver and release extends to the studios together with all owners, partners, and employees.

The Riot Dance Center reserves the right to suspend or dismiss any student whose attitude, attendance, or conduct is found to be unsatisfactory. In such a case a refund for unused lessons will be given.

**I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable. I hereby acknowledge that I have read the statements above and agree to participate accordingly.**

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

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

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Please list the class(es) you wish to enroll in.

Style & Level Day/Time Teacher Tuition Due

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OFFICE USE ONLY: CC 4 digits- Date 1st Or 10th  
Tuition Total-

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize The Riot Dance Center to charge my account the amount of**

$\_\_\_\_\_\_\_\_\_\_ on the first day of each month\*  
(\*If unpaid a $25 late charge will be assessed on the sixteenth of the month)

**Method of Payment**

Visa MasterCard

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Number Expiration date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_**

**CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pint name as it appears on card

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Initial for Authorization- \_\_\_\_\_\_

1st Or 10th Of month