



DANCE CLASS REGISTRATION FORM  
(PLEASE PRINT)

Who can we thank for referring you to ReFLEX? \_\_\_\_\_

Number Of Students To Be Enrolled On This Account: \_\_\_\_\_

**ACCOUNT INFORMATION (Name of Parent or Person responsible for payment)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-Mail Address(Please print carefully) \_\_\_\_\_

Parent # 2 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

This student lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

If the student does not live with both parents, shall we notify both (or anyone else) about studio

events this child will be participating in? \_\_\_\_\_

Please note anything we should be aware of regarding custody or visitation issues and the safety of this child.

Emergency Contact Person \_\_\_\_\_

Home Phone / Cell Number \_\_\_\_\_

**TURN OVER TO FILL OUT STUDENT INFORMATION**

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**FOR OFFICE USE ONLY** Account # \_\_\_\_\_

**Method of payment** Cash \_\_\_\_\_ Charge \_\_\_\_\_ Check \_\_\_\_\_

**Registration fee** \_\_\_\_\_ **Prepaid Tuition** \_\_\_\_\_ **Other** \_\_\_\_\_

**Discounts** \_\_\_\_\_ **Amount paid today** \_\_\_\_\_

**Notes:**

**STUDENT INFORMATION (please use sibling form to add another student)**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address (If Different From parent's) \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

School Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Does the student(s) have any medical problems we should be aware of?

\_\_\_\_\_

This child is enrolling in:

Class name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Total Monthly Tuition (office will calculate) \_\_\_\_\_

**Please read and sign the following:**

I have read and understand the terms and rules of REFLEX Arts. I agree to pay tuition and all fees by the 1st of each month and any money not turned in by its deadline will have a \$8 late fee added. I also understand that if my check is returned for any reason, I will be responsible for a \$35 return check fee. If at anytime my child will not be coming back to classes, I MUST fill out a drop form to make room in the class for other students, and my tuition responsibility will continue until this is done. Activities at REFLEX Arts are physical and with all physical activities, injuries are possible. I understand and will not hold REFLEX Arts or its teachers responsible for any injury or loss that may occur. When sending your child to REFLEX Arts I understand my child should be covered by my own insurance and I will not hold REFLEX Arts responsible for accidents that may occur. I give my child permission to participate at REFLEX Arts and allow his or her name and/or photos to be used for ads, display or studio use.

I \_\_\_\_\_ do hereby allow my child \_\_\_\_\_  
to fully participate in REFLEX Arts programs.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name/ Number \_\_\_\_\_



ADULT STUDENT CONTACT INFORMATION

Who can we thank for referring you to REFLEX? \_\_\_\_\_

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-Mail Address (Please print carefully) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Please note any disabilities or health problems we should be aware of.

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether or not to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or thereafter may have against REFLEX Arts Center or the school's teachers.

Signature of student (or parent if under 18) \_\_\_\_\_

