Studio B Dance Center 2021-2022 Registration Form

Student's Last Name:			Student's First Name:			
Street/Apt:			Town:	own: Zip:		
Birthdate:			Age: _		Grade:	
Parent's Last Name:			Paren	t's First Name:		
Cell Phone:		Email :				
Home Phone : Hov			Email is required for important notices such as snow days and recital info			
Emergency Contact's Name:			Phon	ıe:		
Relation:				PAYMENT OF Option A	PTIONS (PLEASE CIRCLE ONE)	
Please list any allergies or disabilities (learning or physical) that we should be aware of. (for office use only)				Full payment upon registration (5% discount) Option B 50% due at registration and 50% due on November 15th. *Costume fee due November 15th Option C Payments will be automatically deducted on the 15th from a credit card on file. A costume fee will be charged on Nov. 15th Final payment will be charged on Jan. 15th, 2022. There is a \$ charge for each payment made by check, if a credit card is declined on the scheduled payment date, or a change of date to process the credit card is made. THERE IS A \$30 SERVICE — CHARGE FOR RETURNED CHECKS.		
CREDIT CARD PAYMENTS Visa, Master Card, or Amex Name on Credit Card:						
Credit Card Number:				Registration Checklist		
Expiration Date:					payable to Studio B Dance Cer ot in class will not be reserved	
				3. Sign the bo	ttom of the form.	
Class:	Day:	Time:		4. Mail your re		
Class:	Day:	Time:		-	Studio B Dance Center 277 White Plains Road, Eastchester, NY 10709	
Class:	Day:	Time:		⁻ To register by		-793-279
				You will recieve a c	confirmation email when your child is re	
Danistustia a Data		For office u	use on	ly -		
Registration Date :						
Membership Fee :						
Tuition Amount:						
RELEASE: In consideration of being permitted	to participate in any way in,	with, or for Studio B Dance	Center, In	c. ("SBDC") and/or bein	g permitted to enter for any purpose into a	ny area where

RELEASE: In consideration of being permitted to participate in any way in, with, or for Studio B Dance Center, Inc. ("SBDC") and/or being permitted to enter for any purpose into any area where in admittance to the general public is prohibited ("Restricted Area"), the participant agrees or, in the event that the participant is a minor, the parent(s) or legal guardian(s) of the participant ("I"): fully understand, acknowledge, and agree that there are risks and dangers associated with dancing, dance events and related activities that can result in bodily injury, partial or total disability, paralysis, or death("Harms"). I accept and assume such risks and responsibility for the losses and damages following such Harms however caused and whether caused in whole or in part by the negligence of SBDC. I HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE SBDC including its owner(s), managers, teachers, promoters, or other participants as well as instructors and promoters participating in activities or events held at SBDC. Further, I consent to and permit SBDC to use any pictures taken of my child for their commercial advantage including advertisements and public dissemination. I HAVE READ AND I FULLY UNDERSTAND AND CONSENT TO THIS RELEASE, WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I HAVE HAD A CHANCE TO HAVE IT REVIEWED BY AN ATTORNEY. FURTHER, I HAVE READ, UNDERTAND, AND AGREE TO ALL THE POLICIES OF SBDC WHETHER WRITTEN HEREIN OR ELSEWARE.

SIGN	
HERE	->

Parent or Guardian ______ Date: _____ Signature (if minor) 914-793-2799 - Studiobdance.com