

Last Name of Student: _____

REGISTRATION CARD FOR 2020 – 2021 SEASON

Sugarloaf Performing Arts
1070 Northbrook Parkway, Suwanee, GA 30024
PHONE: 770-682-5333

Instructions: Complete this card and return it along with a payment of \$40.00 (a non-refundable annual registration fee). Please use a separate Registration Card for each student being enrolled.

Parent or Adult Responsible for Account: _____

Address _____

City, State & Zip _____

Home Phone _____ Mobile Phone _____

Work Phone _____ Email _____

Student Name _____ Date of Birth _____ Age: _____

Gender: _____ Any Health or Physical Problems: _____

School: _____ Grade: _____

Are you new to SPA? How did you hear about us? _____

For returning students: How many years have you danced with us? _____

Class	DAY	TIME	LENGTH	INSTRUCTOR
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Hours Per Week _____ **Monthly Fee \$** _____

Social Media Consent (Optional for non-company members)

Sugarloaf Performing Arts has my permission to use photographs and/or video of my dancer online, in social media, publications and other communications related to the mission of Sugarloaf Performing Arts. Yes No

First Name of Student: _____ **Last Name:** _____

Consent and Approval

I am aware that dance and the nature of the training and performing can place unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that Sugarloaf Performing Arts, Sugarloaf Ballet, and the staff of these institutions shall not be liable in any way for injuries sustained during attendance at this facility or any of its related functions.

_____ I do hereby release Sugarloaf Performing Arts and Staff from any claims for damages, injuries, and loss of property on or around facility premises, or at any function held at another location in connection with Sugarloaf Performing Arts. I declare that the student registered is in good health. I acknowledge the incumbent risks associated with dancing and tumbling including, but not limited to, sprains, pulled muscles, falls, and broken bones. Attendance at and participation in these activities indicates the complete acceptance of such risks by the performers and parents.

_____ Please be advised that we are not responsible for your child and cannot supervise them before or after their specified class time. A late pick-up fee of \$5 will be assessed after the first 10 minutes late and \$10 for each 15 minutes thereafter for all students remaining after their designated class time.

_____ Tuition is a yearly fee; it has been broken down into nine monthly payments for your convenience. A \$15 late fee is incurred after the 10th of the month. Tuition does not change with studio closings or holidays. It is understood that our program runs with the school year and ends with the recital. If you are dropping for any reason, you must advise us in writing 30 days prior to the last class so we can offer the class to students on the waiting list. Failure to do so will result in your having to pay for one additional month's tuition, even if your child did not attend classes.

Your signature on the line below is your acknowledgement that you have read and agree to all information provided in the brochure and on this card.

Signature of Parent or Guardian _____ Date _____

----- **For Office Use Only** -----

Recital Measurements

Current Leotard Size:	Current Tight Size:	Measurements:
<input type="checkbox"/> Small Child (4-6)	<input type="checkbox"/> Xs/Sm (1-3)	Chest: _____
<input type="checkbox"/> Medium Child (7-10)	<input type="checkbox"/> Sm/Md (4-7)	Waist: _____
<input type="checkbox"/> Large Child (12-14)	<input type="checkbox"/> Md/Lg (8-14)	Hips: _____
<input type="checkbox"/> Small Adult	<input type="checkbox"/> Sm/Md Adult	Girth: _____
<input type="checkbox"/> Medium Adult	<input type="checkbox"/> Md/Lg Adult	Inseam: _____
<input type="checkbox"/> Large Adult	<input type="checkbox"/> Lg/XL Adult	Measured By: _____
<input type="checkbox"/> X-Large Adult		

Fees Received:

Registration Fee:	\$ _____	# _____	Date _____
Costume Deposit (October 31 st):	\$ _____	# _____	Date _____
Costume Balance (December 5 th):	\$ _____	# _____	Date _____
Recital Fee (March 1 st):	\$ _____	# _____	Date _____