

A Terre School of Dance
9559 Center Ave Unit D Rancho Cucamonga 91730
909 239 6561
aterreschoolofdance@gmail.com

Student Name: _____
Date of Birth: _____
Class/Level Enrolled: _____
Parent/Guardian Name: _____
Phone Number: _____
E-mail Address: _____
Special Considerations (allergies, previous injuries): _____
Health Insurance Provider/Local Hospital: _____
Emergency Contact: _____

I, _____, understand that A Terre School of Dance and all associated personnel, students, and employees are not liable financially, or legally in the event of an injury or illness. I understand that dance is a physical activity with a certain associated physical risk. I take full responsibility for the wellbeing of my child including the pursuit of medical attention in response to dance related activities. In the event of a life threatening emergency, I understand that 911 will immediately be called and I will be notified promptly. Also, in the event of a life threatening emergency my child will be taken to the hospital by proper medical personnel immediately whether I am present or not. I agree that no medical attention will be administered by A Terre School of Dance instructors or personal. I give instructors authorization to use hands on training during class time. I also understand that monthly payment is required in order for my student to continue enrollment. I agree to pay the first class of the first week at the beginning of the month for each month my child is in attendance. I understand that no refunds will be offered, but students may schedule make-up lessons for absences or unforeseen circumstances. Any pro-rated months must be negotiated in advance. Payments recieved after the 15th will be subject to 15\$ late fee. Finally, I give permission for A Terre School of Dance to utilize photo and video from classes, events, and performances for advertisement and social media. I understand all usage of video and photo will be held to the highest professional standards of etiquette, respect, modesty, and discretion.

_____/_____
Parent/Guardian) (Date) (Signature of