



• More Than Just Quality Dance Training •

Tap • Ballet • Jazz • Hip Hop • Modern/Contemporary • Partnering Class • Boys' / Men's Class

Sheila Ruotolo - Director
513 SW1st Ave. Ocala, FL
352-875-7310

REGISTRATION FORM

Dancer's Name _____ Age _____ DOB ___ / ___ / ___

Address _____

Parent/Guardian Name _____

Home Phone # _____ Cell # _____ Work # _____

Email _____ Dancer's email _____

Emergency Contact (secondary parent/guardian plus additional adult):

Name	Phone	Relationship
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Name	Phone	Relationship
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List any medical, allergies, physical limitations, special needs/conditions and/or medications we should be aware of: _____

List your preferred method of contact and which times would be best to reach you:

Tuition

___ Tuition is due by the 1st of every month. A late fee of \$10.00 will be added to payments made after the 7th. An additional \$5.00 will incur each additional week until balance is paid.

___ There will be a \$30.00 charge for any returned check.

___ Payments may be made at the studio with credit card, cash, and/or check.

___ Tuition fee is Non-Refundable and Non-Transferable.



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Number of classes taken: _____ **OR** Unlimited Option: Individual: _____ Family: _____

Monthly Tuition: \$ _____

Class attending: _____

DISCLAIMER

___ It is your responsibility to notify DBS of any change in the above information immediately to ensure you receive all pertinent communication in a timely manner.

WAIVER OF LIABILITY AND EMERGENCY RELEASE

___ I will not hold DBS and/or its employees responsible in case of accident or injury as a result of this participation. In case I/we are unreachable, permission is granted to DBS to utilize any medical emergency services that might be deemed necessary to the health and well-being of my son/daughter. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital. I/We assume full responsibility and liability for any and all medical expenses resulting from such care of and to my/our child.

___ I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.

___ I/We further agree to inform the appropriate DBS personnel should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

___ In the event my child causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless DBS, its agents and employees.

Parent/Guardian Name (Please Print)

Parent/Guardian Name (Signature)

Date