



Star Struck Dance Studio

5505 East Hwy. 150 Lincolnton, NC 704-735-9884

2017-2018 REGISTRATION FORM

Please complete and return with \$25 registration fee

Summer Classes

Summer Camp _____

Fall Classes

Name (1st child) _____ Home Phone _____

Birth Date _____ Age _____ School _____

Name (2nd child) _____ Home Phone _____

Birth Date _____ Age _____ School _____

Address _____

Mother _____ Cell _____ Work _____

Father _____ Cell _____ Work _____

Parent's Email _____

Student Email _____

Years in Dance/Gym(printed on trophy) _____ With Whom _____

Emergency Name/Phone _____

Additional Information _____

By giving my child permission to participate in classes at Star Struck, I acknowledge that participation in physical dance and/or gymnastic class involves certain risks. In the event of an accident or illness, I hereby authorize any employee of Star Struck to take the necessary steps involving emergency medical treatment. I authorize the hospital and staff to treat my child for any illness or injury in my absence. I understand that I am solely responsible for costs incurred for any and all medical treatment. I fully understand the above and intending to be legally bound do hereby, for my child, my heirs, executors and administrators, waive, release, discharge and indemnify any and all rights and claims for damages, which may, or may thereafter accrue to my child against Star Struck or their respective officers, agents, successors and/or assigns for any injury or illness which may be sustained by my child while participating in classes or special events at any location.

I have read and both understand and agree to adhere to the policies of Star Struck. I understand that tuition is due on the first of the month and is considered late after the tenth of the month Tuition not paid by the tenth of the month will access a late charge. Tuition is non-refundable. I understand that I will have the opportunity to make up missed classes if I wish to do so. I understand that after competition/recital costumes are ordered that I am responsible for full payment even if my child is no longer enrolled at Star Struck. **A written notice is required for with drawl from class or I will be obligated to pay tuition for that month.** I also give Star Struck permission to use photographs/images of my child for publicity purposes.

PARENT'S SIGNATURE

DATE