

<i>For Office Use Only</i>			
Studio Location	May's Tuition	Registration Fee	Class Time & Studio

## Shirley McPhail School of Dance Adult Form

**Check if new info**

**PLEASE PRINT!**

Name of Student \_\_\_\_\_  New Student  Returning Student

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ **Business Phone** \_\_\_\_\_

Emergency Name & Phone \_\_\_\_\_

Doctor Name & Phone \_\_\_\_\_

Previous Dancing: Subject Studied \_\_\_\_\_ Years: \_\_\_\_ Where: \_\_\_\_\_

Medical Information in Relation to Physical Activity \_\_\_\_\_

In consideration of the benefits of instruction provided by the Shirley McPhail School of Dance, intending to be legally bound, I do hereby enroll in the program and do hereby waive claim and release finally Shirley McPhail School of Dance, Edwina Worley, its staff, instructors and other personnel for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either on or off premises.

I further authorize emergency first aid care by the School in the event I become injured or ill during instructional program or incidental sponsored activities either on or off premises. I further authorize Edwina Worley or such agents as she may authorize to retain the services of a doctor or other competent medical person in order to treat me.

**MOST IMPORTANT** (initials) \_\_\_\_\_

I understand that the said student is automatically enrolled for the entire 9 months, September through May. Notice of a drop must be given two weeks in advance to Edwina Worley personally by filling out a "Drop Form" and returning it to the studio. A word to the teacher or a friend is not acceptable. Failure to notify will result in continued tuition payments.

**Tuition is due for the entire month in which the drop occurs.**

**This rule is strictly enforced!!**

No student may drop and re-enroll without full repayment of recital and tuition fees.

\*\*I acknowledge and give permission to SMSD to film or photograph myself for promotional or educational purposes.\*\*

NO STATEMENT WILL BE MAILED. Tuition is due on the 1st of every month in advance. If not paid by the 10th, a \$5.00 late fee will be assessed. Please put YOUR NAME and the STUDIO ATTENDING on your tuition payment. If there are any questions or changes in reference to your account, please phone the studio at 345-1284.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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First Class Attended _____	Tuition _____