

Schramel Conservatory of Dance Registration and Release Form

Amount Paid: _____ Circle: Cash / Online / CC / Check #
Registration Fee Paid: Yes/ No

Student Information (please print):

First Name: _____ Last Name: _____

Age _____ DOB _____ / _____ / _____

Class(es) Enrolling In:

Class: _____ Day of Week: _____ Start Time: _____
Class: _____ Day of Week: _____ Start Time: _____
Class: _____ Day of Week: _____ Start Time: _____
Class: _____ Day of Week: _____ Start Time: _____
Class: _____ Day of Week: _____ Start Time: _____

Parent/ Guardian 1: _____

Parent/ Guardian 2: _____
(please print)

Home Address _____

City _____ State _____ Zip _____

Phone contact #'s M-cell (_____) _____ F-cell (_____) _____

Home (_____) _____ Work (_____) _____

Email contact _____

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- 1) I understand that Dance is a physical art form and injury is inherent. Every effort has been made to keep the learning environment (studio) safe and an appropriate environment for learning and performing dance class. If an injury does occur, the student or student's parent/guardian is responsible for medical expenses incurred and will not hold Schramel Conservatory of Dance liable.
* _____ (please initial)
 - 2) The Directors and Faculty are qualified to teach students at the appropriate level and have the right to advise a student if they feel the student is not ready for a certain level. I understand every effort has been made to place students at the appropriate level for their abilities.
* _____ (please initial)
 - 3) I understand that the student will be touched appropriately by the teacher in order to achieve a certain position of the body as it pertains to the dance form.
* _____ (please initial)
 - 4) Every parent/guardian is responsible for the student once the student leaves the studio in which dance class has taken place. The teacher will only release the student to a parent or guardian known to be responsible party for the student. Once the child leaves the studio, he/she must be accompanied by an adult when moving from the Conservatory through the building or to the parking lot or street.
* _____ (please initial)
 - 5) All students under the age of 6 must have a parent/guardian in the waiting area during class. See COVID policies for any updates or changes to this requirement.
* _____ (please initial)
 - 6) I certify the student has no health issues which could impact or interfere with their ability to safely participate in dance class. If there is a health issue, I will notify the Director of the problem. I have read and acknowledged SCOD's current COVID policy online and agree that SCOD reserves the right to reinstate regulations in addition to any government mandates that may come into effect.
* _____ (please initial)

I hereby declare all of the above to be true to my knowledge. I understand all of the above and sign as legal guardian or student (if adult.)

Signed _____ Date _____