

Please note that registrations sent by mail may take longer to process and class availability may change. For up-to-date class availability and to register online, please go to www.LocustDanceAcademy.com and click the red link that says "TO REGISTER OR ACCESS ACCOUNT."

LOCUST DANCE ACADEMY REGISTRATION FORM 2019-2020

How did you hear about us? _____

Billing Name _____ Home Phone _____

Active Email Address (REQUIRED-all billing & studio correspondence is by email) _____

Mailing Address _____

Parent 1 _____ Cell # _____ Work # _____

Parent 2 _____ Cell # _____ Work # _____

Student 1 _____ Gender F/M Birthdate ____/____/____ Grade ____ School _____

Class Selection(s) _____ Clothing Size: Youth S M L XL Adult S M L XL

Student 2 _____ Gender F/M Birthdate ____/____/____ Grade ____ School _____

Class Selection(s) _____ Clothing Size: Youth S M L XL Adult S M L XL

Student 3 _____ Gender F/M Birthdate ____/____/____ Grade ____ School _____

Class Selection(s) _____ Clothing Size: Youth S M L XL Adult S M L XL

Student's Doctor(s) _____ **Any behavior or medical issues we should be aware of?** _____

Emergency Contact (other than parent) _____ Phone _____

TOTAL # OF STUDENTS _____ x \$30 registration fee = _____

TOTAL TRIMESTER TUITION PER FAMILY = _____

TOTAL DUE

(Note: trimester tuition is due 3 times per school year)

CHECK # _____ CASH CREDIT CARD - To pay by VISA or MC, please register online or in person at the studio.

I have received or viewed online, read and understood all studio policies, procedures and rules. I acknowledge that participation at Locust Dance Academy, LLC involves physical activity and certify to Locust Dance Academy and its directors and employees that the participant is physically fit for this activity and that he/she has not been advised by any medical professional that such participation should be avoided or limited. I acknowledge that although utmost care is taken to avoid injury, this activity carries the potential for injury and hereby release Locust Dance Academy, LLC and its directors and employees of any liability for injuries incurred under any circumstances. I give permission for any photo or video taken of my child in class or performing to be posted on the website and/or to be used for studio publications or television.

PARENT or GUARDIAN SIGNATURE _____ **Date** ____/____/____

Bring this completed form to: Locust Dance Academy, 2195 S. Palm Avenue, Miramar, FL 33025