



STUDENT REGISTRATION FORM

Registration Date: _____

Name: _____ Birthday: _____ Age: _____

Parent/Guardian #1: _____ Cell #: _____

Parent/Guardian #2: _____ Cell #: _____

Address: _____

City: _____ ZIP: _____ Home Phone: _____

Email Address: _____

(Please provide an address that is checked regularly)

Other Emergency Contact: _____ Cell #: _____

Relation: _____ (Used only if parents are not available or do not respond)

Classes Student is Interested In: _____

Please use this area to note any health issues or other concerns that instructors may need to know

(please know this will be kept confidential): _____

For Office Use Only

Class(es) Enrolled in: _____

Days a Week _____ Monthly Fee \$ _____

CAPA CONSENT FORM

Student Age 18+ or Guardian must read & initial each line below:

Tuition payments are due on or before the 1st of each month & must be paid before I/my child attend class. Payment may be in cash, check, or online. A fee will apply to returned checks

Tuition remains the same each month & is not pro-rated for holidays, missed class etc.....

If a student misses class they should contact teacher/studio directly to inquire about attending another age relevant makeup class.....

I understand that CAPA reserves the right to change classes, times, teachers & cancel/combine any class with 4 or less students. This decision will be made by the director & advance notice will be given.....

For the safety of students & instructors, we reserve the right to deny entrance to anyone (student or guardians) due to safety concerns or inappropriate behavior or dress

I understand that it is crucial to arrive for class on time. The proper technical warm-ups done at the beginning of class are vital to preventing injury.....

I understand I/my child must obey the dress code required for my/their class.....

I have read, understand & will act by the rules for the academy & the classroom.....

If your child is no longer taking classes, a notification in writing is required & any outstanding fees on the account must be paid in full upon un-enrollment.....

PHOTO RELEASE: By initialing here, I give permission for photographs of my child in dance class or performances to be used in promotional material in both print & web publications.....

If a student would like to add a class after they are already enrolled, they may do a free trial class. After the trial, you MUST inform the office manager to add the class. Any extra tuition associated with the class will be due upon the addition, but will be prorated if it is in the middle of the month.....

I understand that parents may not sit in on classes.....

Liability Disclaimer: I for myself and/or my child release & agree to hold harmless Cornerstone Academy of Performing Arts & any of its sub-contractors for any liability, claims or demands for personal injuries, sickness, or death, as well as for expenses due to loss or damage to personal property. Since dance is a physical activity, injuries may occur. Each student/guardian has the right to decline participation in any activity which they are not comfortable with. Each student/guardian is fully responsible for any injuries or harm occurring before, during or after a class. Student/guardian is also responsible for informing instructor(s) of any physical limitation which may prevent full participation in class. If injury occurs, it is understood that the student's own insurance policy is the only source of reimbursement.

BY SIGNING BELOW, ADULT DANCER OR GUARDIAN ASSUMES RESPONSIBILITY FOR ALL TUITION & FEES. ADDITIONALLY, SAID PERSON HAS RECEIVED & AGREES TO READ & ABIDE BY ALL STUDIO & PAYMENT POLICIES.

STUDENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT/GUARDIAN PRINTED NAME: _____