Full Circle Dance Center

Fall Spring 20__
(Circle One)

Student Information:

Student Name _____

Date of Birth _____ Age _____ Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Emergency Contact _____ Emergency Phone

Health Information:

Please list any medical conditions, allergies, injuries, learning/sensory needs, behavioral considearations or anything else that would help us provide a safe an successful class experience:

In an emergency , I authorize FCDC to obtain appropriate medical care if I cannot be reached. (iniitial) _____

How did you hear about FCDC?

Fall Session Tuition: 75 Min. Class $310 60 Min. Class $295 45 Min. Class $265 30 Min. Class $210

Classes (***PLEASE LIST ALL CLASSES YOU ARE REGISTERING FOR***)

Day	Time	Studio	Class Name	Age/Level	Tuition

Photo & Social Media Release

☐ Yes - I give permission for FCDC to use photos/videos of the participaint for studio-related promotional materials.

☐ No - I do not give permission for public promotional use.

Please note: FCDC cannot control photos or videos take by thrid parties at performances, competitions, or events.

Assumption of Risk & Handbook

Assumption of Risk

☐ I understand taht participaating in dance, fitness, or related activities involoves inherent risks of physical injuries. I voluntarily choose to participate, or permit my child to perticipate with knowledge of those risks.

Handbook Acknowledgement

☐ I acknowledge that I have received or been provided access to the Full Circle Dance Center Handbook, which is incorporated into and made a part of this registration agreement and that FCDC's policiies and applicalble rights and provisions under the Illinois Dance Studio Act (815 ILCS 610). I agree to its terms, policies, and porcedures.

Signature

By signing below, I confirm the information above is accurate and acknowledge the selections and agreements above.

Signature (Adult Participant or Parent/Legal Guardian): _____ Date _____

Printed Name: _____ Relationship to Student (if applicable): _____

OFFICIAL USE ONLY

Payment Method: Amount Received: $

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Total Tuition: _____