

NEW STUDENT \_\_\_\_\_

RETURNING STUDENT \_\_\_\_\_

Registration Form

*Please print clearly*

*\*Starred items are required\**

Guardian Information

**\*Guardian 1**

**Guardian 2**

**\*Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**\*Address**

\_\_\_\_\_  
\_\_\_\_\_

**\*Phone 1:** \_\_\_\_\_

**Phone 2:** \_\_\_\_\_

**Texting?      Yes      No**

**Texting?      Yes      No**

**\*Email 1:** \_\_\_\_\_

**Please note:** *Email is our primary way of contacting you. Please give us an email that gets checked regularly.*

**Email 2:** \_\_\_\_\_

\_\_\_\_\_

Student Information

**Student 1**

**\*Name:** \_\_\_\_\_

**\*DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Student cell phone:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

**Student 2**

**\*Name:** \_\_\_\_\_

**\*DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Student cell phone:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

**\*Medical History:** Special medical needs/ concerns (injuries, allergies, conditions, dietary needs, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Classes you wish to Register for:** (Please list the day, time, and class title as they appear on the schedule)

*For multiple students, make sure their names are listed next to the classes they want*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Circle the payment plan you are interested in:**

**Monthly**

**Yearly (two 5 month payments)**

***MAKE SURE TO FILL OUT THE WAIVER FORMS BEFORE TURNING IN***

**There is a \$5 Registration Fee paid by cash/check; if not received or you register after September 20 the fee increases to \$20**

# Pineapple Dance

Participant(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that dance is a strenuous activity, and that injuries can occur. I will not hold Pineapple Dance, its instructors, staff, or director liable for injuries sustained either during or outside of classes, rehearsals, or performances, or any other event associated with Pineapple Dance.

I understand that a proper warm-up is essential to preventing injury, maintaining health and improving my skills. Therefore, I will be **on time** to classes, **listen attentively** to corrections and explanations, and **be respectful** of my body.

I will behave properly, respecting myself, classmates, the instructors, and all others, at all times. I understand that Pineapple Dance uses The 3 Strike Rule of Behavior, and I know that I will be asked to leave if I get 3 strikes.

I am able to participate fully in class, having no medical conditions that would affect my ability to take part in any physically strenuous activity. I agree to always inform the Director via email, and all my instructors, of any physical issues that may affect my ability to participate in classes, rehearsals and/or performances.

I agree to pay tuition on time and according to the payment plan. I understand that late payments will result in fees, that overdue balances will prevent me from performing, and that extreme cases of overdue tuition may result in my being asked to leave Pineapple Dance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_ I am 18 years or older      \_\_\_\_ I am the legal guardian of the participant under 18

Performance Permission: \_\_\_\_ Yes      \_\_\_\_ No

If new to PD, how did you find us?

\_\_\_\_\_  
\_\_\_\_\_

Please fill out 2nd page, thank you!

**Pineapple Dance 2019-2020 School Year  
Photo/Video Release Waiver Form**

I hereby give permission for images of me/my child, captured during Pineapple Dance classes and/or events, to be used solely for the purposes of the Pineapple Dance School's promotional material and/or publication, and I waive any rights of compensation or ownership thereto.

Name of Participant(s) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
(Please print)

**Please circle one:**

Option 1:  
Photos, Videos, Name are fine

Option 2:  
Photos and Videos, but NO NAME

Option 3:  
Photo and Name

Option 4:  
Photo but NO NAME

Option 5:  
None

Signature of Parent/Guardian \_\_\_\_\_