



SPECTRUM DANCE THEATER

DONALD BYRD

Making Dance Accessible, without limitations, to the Community

2016 Student Information & Class Request (Please Print All Information Clearly & Sign Form)

For Office Use Only: Term payment receipts:

| Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 |
|--|-----------|-----------|-----------|-----------|-----------|
| Registration Fee: (\$20) _____ Winter Performance Fee (\$40) _____ All School Demo. Fee: _____ | | | | | |
| Scholarship Date: _____ Initial: _____ Award: 25% 50% 75% 90% Family Pays: \$ _____ | | | | | |
| Current Levels: Ballet _____ Contemporary _____ Tap _____ Jazz _____ Lyrical _____ Break _____ Academy _____ | | | | | |

Student's First Name _____ Last Name _____ Birthdate (mm/dd/yy) _____ Age _____

Primary Address _____ City _____ State _____ ZIP _____

Home Phone () _____ Alternate Phone () _____ Email _____

If under 18 years of age:

Parent/Guardian(s) _____

Contact Number () _____ School Attending _____

Emergency Contact Name _____ Relationship _____ Contact Number () _____

We welcome all who have the desire to dance at The School at Spectrum Dance Theater. Please share your previous dance experience so we can place you in the appropriate level. If you are new to our studio, we ask that you do an in-class placement audition for ballet (age 7 and up) which will be set by the front desk.

Please check one: I am new to the study of dance _____ I have studied dance previously _____

If you have studied dance previously, please complete the following:

How many years have you been dancing? _____

Name of studio(s) _____ Location _____

Last level completed: Ballet _____ Contemporary _____ Jazz _____ Tap _____ Lyrical _____ Choreography _____

College/University _____ Degree Received _____

PLEASE COMPLETE CLASS REQUEST AND WAIVER ON REVERSE

Class Request

In order that we may accurately register you for the correct class, please list each class clearly and separately.

| | | | | | | | |
|-----------------|-------|---------|-------|-------|-------|---------|-------|
| Class 1: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 2: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 3: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 4: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 5: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 6: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 7: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 8: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 9: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Class 10: | _____ | Day(s): | _____ | Time: | _____ | Fee: \$ | _____ |
| Academy Program | _____ | | | | | Fee: \$ | _____ |

Class price per session: 1 hour: \$100 • 1.5 hour \$120 • Academy: \$699 Sub Total: \$ _____

10% discount for multiple classes: \$ _____

\$20 Registration Fee: \$ _____

Total: \$ _____

Please consider donating to our scholarship program to give a child the Gift of Dance. Thank you! \$ _____

Total: \$ _____

Are you applying for a Gift of Dance Scholarship? (Circle one) yes no

Credit Card Information: Visa/Mastercard: _____ Exp: ____/____/____

Cardholder's Name: _____ Signature: _____

Student Waiver of Liability (Please Print All Information Clearly & Sign Form)

Date _____ Student Name _____ Parent/Guardian Name (if under 18) _____

Waiver of Liability

I/We, the undersigned student or the parent(s) or legal guardian(s) of the student named on this Contact Information form, understand that dance requires physical exertion. It is my/our responsibility to consult with a physician before his/her participation in dance classes, productions, programs or workshops. I/We agree to assume full responsibility for any risks, injuries or damages that might occur as a result of participating in activities sponsored by Spectrum Dance Theater or The School of Spectrum Dance Theater (collectively, "Spectrum").

I/We hereby release and hold harmless Spectrum, its Board of Directors, associations, any faculty, employee or volunteer for any liability, including without limitation, injuries sustained or illnesses contracted while a student of Spectrum.

If only one parent or guardian signs this form, I hereby certify that I have sole legal custody or sole decision-making authority for decisions involving the student named.

Please check one box:

I/We give my/our permission for Spectrum to take photos, videos or other filming of my child to promote Spectrum.

I/We do not give my/our permission for Spectrum to take photos, videos or other filming to promote Spectrum.

Date ____/____/____ Signature of Student _____ Signature of Parent/Guardian _____