Cut along line.

Mail: 7661 West 145th Street, Apple Valley, MN 55124

Sept-June 2017-2018

email: debhtbt@frontiernet.net / Questions: 952-432-7833

Registration Form
HEARTBEAT PERFORMING ARTS CENTER

Student Name:_____

Address:_____

City / State / Zip Code:_____

Phone: H_____ W_____

C_____ Birth Date:_____

Email:_____

Parents' Names:_____

Parent's address/phone if different than student:

_____

_____

Emergency Contact_____Phone_____

Tuition Payment can be by cash, check or credit card. Pre-paid tuition and registration fee are not refundable for any reason except for medical reasons and will require a doctor's note.

Name on Card_____3-dgt. Code____

Card Number_____ Expiration_____

Card Holder Signature_____

To request monthly automatic credit card billing, sign below:

_____

Medical Information

By signing this form, I understand that while the practice of dance is an inherently potentially dangerous activity, Heartbeat Studios, Inc. is committed to ensuring the highest level of safety possible. In order to ensure the maximum level of safety for all dance instruction participants, Heartbeat Studios, Inc. requires that you note any health or physical problems (including allergies) which you/your child experience. This will provide us with the maximum ability to accommodate such problems. Such problems include (if none, please indicate):

_____Date_____

CLASS ENROLLMENT – School Year 2017-2018

Class/Workshop Title	Skill Level	Day	Time	Hours
Total Hours Taken Per Week:				
Total Per-Month Tuition (See Rate Chart):				
Monthly Unlimited Class Pass / Academy Program:				
Registration Fee (per family) – enter $25:				
Registration Fee (per family) Returning – enter $15:				
Other:				
Total fees due at registration:				

LIABILITY RELEASE

By signing this form, I understand and acknowledge that dance instruction, dance classes and dance practice are inherently potentially dangerous activities. As such, I release Heartbeat Studios, Inc., its instructors, staff, officers, employees and assigns from any and all liability arising from any injury or injuries which I/my child incur while engaging in any such activities. In case of a medical emergency, I hereby authorize the staff of Heartbeat Studios, Inc. to obtain the proper medical assistance (as deemed by calling 911) at my expense for my child or me.

POLICY ACKNOWLEDGEMENT

By signing this form, I acknowledge that I have read, understand and agree to Heartbeat's policies as publicly announced in its website and printed brochure. I understand registration fees and monthly tuition are non-refundable except as noted in Heartbeat's policies. From time to time, Heartbeat may take photos/videos of its students during classes and performances and I give permission to Heartbeat to use photos of me/my child in their advertising, brochures, website, DVDs, written material and any derivative work.

Student Signature (or Parent/Guardian signature if student under 18)

_____Date_____