

**DANCE DIMENSIONS**  
**DANCE AND FITNESS BY JEN NASO**  
**(MINOR)**

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
CITY, ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
WORK OR CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
PARENTS – MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, ZIP: \_\_\_\_\_

**PAYMENT/REGISTRATION**

**\*Payments are due the 1<sup>st</sup> week of every month. June tuition is prorated and due before costumes go home the week of May 16, 2016. A \$10.00 late fee will be assessed for all late payments received after the 15<sup>th</sup> of the month and \$5.00 every month thereafter until late month tuition is paid- regardless of payment history.**

**No refunds, adjustments, or prorating of tuition and fees.**

***PLEASE KNOW THAT DANCE DIMENSIONS HAS YOUR CHILD'S BEST INTEREST IN MIND. YOUR CHILD WILL BE PLACED INTO THE APPROPRIATE CLASS LEVEL AS ADVISED BY THE DANCE EDUCATOR'S RECOMMENDATIONS.***

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLASS DATE AND TIME**

**SUMMER**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**FALL**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

RELEASE FORM SIGNED: \_\_\_\_\_

CHECK #: \_\_\_\_\_ AMT: \_\_\_\_\_

FALL TUITION: \_\_\_\_\_

CASH: \_\_\_\_\_ AMT: \_\_\_\_\_

SUMMER TUITION: \_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_ \$35.00 FOR NEW FAMILIES  
\$10.00 FOR EACH RETURNING STUDENT

**Please complete reverse side**

**DANCE DIMENSIONS**  
**ACKNOWLEDGEMENT AND RELEASE**  
**(MINOR)**

Dear Parent:

Please read carefully. Your child will not be allowed to participate in classes until this release is completely filled out and received by the Studio.

The undersigned, being the parent or guardian of \_\_\_\_\_  
(Insert Child's Name)

A minor, (the "Child" acknowledge that they have registered the Child to participate in a dance/exercise program with Dance Dimensions...Dance and Fitness by Jen Naso Inc. (the "Studio"). The undersigned further acknowledges that they are aware of no medical conditions of the Child which would impair the Child's ability to participate and/or which would subject the Child to personal injury or illness.

In addition, as a term of the Child's participation on behalf of them self and on behalf of the Child, hereby voluntarily assumes all risk of accident, injury, illness and/or damage to the Child or his property. Further, the undersigned hereby releases and discharges the Studio, its shareholders, directors, officers, employees, volunteers, owners, and assigns from every claim, liability and/or demand of any kind for or on account of any personal injury, illness and/or damages of any kind sustained, regardless of the cause.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at Strongsville, Ohio.

(Print) Parent or Legal Guardian \_\_\_\_\_

(Signature) Parent or Legal Guardian \_\_\_\_\_

A Minor \_\_\_\_\_



I grant Dance Dimensions and Fitness by Jen Naso Inc., its agents and employees permission to authorize any emergency medical treatment that may be required for my child during the 2015 – 2016 session. My medical insurance is offered through:

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy Number,

I, the undersigned, have read this release/authorization and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

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

\_\_\_\_\_  
Date

**Dance Dimensions Medical History Questionnaire**

**General Information**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

**Which of the following conditions is the student currently being treated for or has the student been treated for in the past?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heart diseases/murmur/angina                            | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Asthma                |
| <input type="checkbox"/> High blood pressure                                     | <input type="checkbox"/> Low blood pressure  | <input type="checkbox"/> Heartburn/acid reflux |
| <input type="checkbox"/> Anemia/blood problems                                   | <input type="checkbox"/> Swollen ankles      | <input type="checkbox"/> Lung problems/cough   |
| <input type="checkbox"/> Sinus Problems  | <input type="checkbox"/> Seasonal allergies  | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Headaches/migraines                                     | <input type="checkbox"/> Depression/anxiety  | <input type="checkbox"/> Ear problems          |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Dizzy spells/fainting |
| <input type="checkbox"/> Stomach/gastrointestinal issues                         | <input type="checkbox"/> Skin issues         |  |
| <input type="checkbox"/> Learning disabilities (e.g., ADD, ADHD, dyslexia, etc.) |  |  |

**To the extent it would be helpful in treating or diagnosing an injury, please explain any of the above, or indicate any conditions not listed above:**

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**Please list all past surgeries and/or orthopedic issues:**

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**Please list all allergies to foods and/or medications:**

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**Please list any other information that would be helpful in the case of an injury or emergency:**

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**Please list any medications the student is taking long term:**

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\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date