

ESR	Yes	No
CSR	Yes	No
Unlmtd	Yes	No

STUDENT REGISTRATION FORM

Student _____ Registration Date _____
 Address _____ Birthday _____ Age _____
 Street City State Zip
 Phone _____ Emergency _____
 Tuition Paid By _____
 Name Address City State Zip
 Father _____ Occupation _____ Work Phone _____
 Mother _____ Occupation _____ Work Phone _____
 E-Mail address _____ Cell Phone _____
 Person to call in case of emergency _____ Phone _____
 How did you hear about SASPA? _____
 Number of months of formal dance training? _____ Where? _____
 If you are currently enrolled for dance instruction other than SASPA please list _____
 Please list any and all medical conditions, injuries, allergies, serious medical and or emotional problems (use back if necessary)

(If health is in question it is your responsibility to have a physician's consent to participate.)

ALL TUITION AND DEPOSITS ARE NON-REFUNDABLE.

SASPA POLICIES, TUITION AGREEMENT AND LIABILITY AGREEMENT (Please read carefully)

WAIVER AND RELEASE

I recognize the risks of illness and injury inherent in any exercise, dance, music, art or theatre program. This student is participating upon the express agreement and understanding that I am hereby waiving and releasing the SAN ANTONIO SCHOOL FOR THE PERFORMING ARTS, INC. its owners, employees and contractees from and against any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of participation in this program or any illness or injury resulting there from and hereby agree to indemnify and hold harmless the SAN ANOTNIO SCHOOL FOR THE PERFORMING ARTS, INC. its owners, employees and contractees from any and all such claims.

END OF YEAR PERFORMANCE

The yearly recital is for student to celebrate their achievements on stage in early June of each year. The deadline to participate in the recital is January 15th each year. No student can miss more than three combined classes or rehearsal between January and the performance without being taken out of the performance. More than this affects the quality of the piece and is unfair to the teacher, the student and the other students in the class.

CONFIRMATION

I have read and received a copy of the SASP Polices and Tuition Agreement form. My signature indicates my understanding of school polices and their purpose to create a professional atmosphere through discipline. Discounted rates do not apply unless I pay an annual registration fee and my tuition is paid by the 5th of each month in advance. This form is not complete without all applicable signatures. (Please circle one)

YES NO I wouldn't like to be placed on the automatic tuition payment system set up on my Visa, MC, Discover or Am Express.
 Office personnel will phone me regarding this request for the protection of my information.

Student Signature _____ Date _____ Guardian of under 18 student _____ Date _____

Parent Guardian Name _____

Emergency Contact (if different from parent) _____ Relation to student _____

Emergency Numbers: Day _____ Evening _____ Cell _____

Regular Fall Class Enrollment 2010-2011 (Office will fill this section out in pencil)

DB	Ballet	Pas	Jazz	Mod	Tap	Flam.	Folk	High.	H Hop	Acting	Music	Other
D	D	D	D	D	D	D	D	D	D	D	D	D
T	T	T	T	T	T	T	T	T	T	T	T	T

(Be sure to see class requirements per level prior to registering)