



**337.886.7530**  
**101 Fourpark Road**  
**Lafayette, LA 70507**  
**info@dancedynamicsla.com**

**www.dancedynamicsla.com**

Registration is available online any time!

**(OFFICE USE ONLY)**

Check One:  \$60 Reg Rate  \$45 Early Rate

Cash or Check #: \_\_\_\_\_ Pymnt Date: \_\_\_\_\_

(Total Pymnt Amt: \$ \_\_\_\_\_ Apply Addt'l To: \_\_\_\_\_)

2019-20 Class Choice(s): \_\_\_\_\_

Total Monthly Tuition: \_\_\_\_\_ Entered in TSD: \_\_\_\_\_  
(initial)

**2019 – 2020 REGISTRATION FORM**

**The annual registration fee is \$60. The early registration rate of \$45 applies in April & May only.**

Registration form & payment may be submitted to the office during office hours until the end of the dance season.

Upon closing for the summer break, mail check or money order to above address or register online any time.

Registration fee is non-refundable for any reason.

STUDENT NAME: \_\_\_\_\_ GENDER?  F  M BIRTHDAY: \_\_\_\_\_ AGE (as of this Dec 31st): \_\_\_\_\_

# YEARS OF DANCE: \_\_\_\_\_ WHERE? \_\_\_\_\_ EARS PIERCED?  Yes  No

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ALLERGIES, MEDICAL CONDITIONS? \_\_\_\_\_ HOW HEAR ABOUT US? \_\_\_\_\_

MOM NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DAD NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDITIONAL CONTACT PERSON: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ If the additional party is responsible for payments and/or transportation, include their email address.

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

(OTHER)

**Check all classes of student's interest:**

- Combination** (ballet, jazz, & tap – acrobat in younger classes)
- Hip Hop** (ages 5 & up)
- Acrobat/Tumbling** (ages 5 & up)
- Technique** (ages 6 & up)
- Pointe** (must be recommended by a ballet instructor)

**A password is required to view your account online & make payments with a debit/credit card.**

- 1) At least 8 characters that are not spaces
- 2) At least one lower case letter
- 3) At least one upper case letter
- 4) At least one number

Choose your password: \_\_\_\_\_

I understand that there are specific risks of physical or property damages, losses, or injury that may result from me or my child's participation with Dance Dynamics, and I voluntarily assume the risks associated with such participation. I hereby hold harmless Dance Dynamics, Abbie Odum, or anyone associated with Dance Dynamics for any damages, losses, or injuries.

I hereby grant permission for any staff member of Dance Dynamics to take whatever steps they deem necessary to obtain emergency medical care for the student enrolled. I also realize that I am fully responsible for my child immediately prior to and after his/her class.

I understand that my child will be visually tested for hypermobility using the Beighton Hypermobility Score and the results recorded. If your child scores high, our office will contact you with information to potentially track their future progress for safety and scientific purposes.

I understand that monthly statements are not generated, but I may view my account ledger in my online account at any time. I agree to pay tuition at the beginning of each month, do not expect credit and/or refunds for class(es) missed due to holiday, vacation, illness, weather, etc., and agree to submit cancellation of class(es) in writing one (1) month in advance to stop tuition charges to my account. I have received or will obtain a copy of the most current Payment Info, Calendar, & Classroom Info sheets, and will take the responsibility to read and follow the rules and policies therein.

In addition, I agree that all pictures & videos taken of the student in class, at the revue, or any other event hosted by or associated with Dance Dynamics, are property of Dance Dynamics & may be used without permission for advertising.

SIGNATURE: \_\_\_\_\_ SS # (last 4 digits): \_\_\_\_\_ DATE: \_\_\_\_\_

(Registration will not be finalized without signature & last 4 digits of social security # of primary responsible party, as well as submission of registration fee.)