



Dance Xplosion Trial Class Form

Student Name (first and last): _____

Birthday: ____/____/____

Male or Female: _____

New Student

Class Name & Level	Trial Date	Class Day	Start Time	Class Length
Total for Trials (\$15 per class)				

Parent / Guardian Name(s): _____

Updated Info

Home Address: _____ / _____ / _____
(street address) (city) (zip)

Phone #: (____) _____ Alternative Phone#: (____) _____

Parent Email (required- this will be your login ID): _____

Emergency Contact: _____ Emergency Phone #: (____) _____
(not a parent)

Dance Xplosion, LLC - Studio Waiver

In consideration of your acceptance of the enrollment, I, intending to be legally bound, do hereby waive, release, and forever discharge all rights and claims against Dance Xplosion, LLC and/or involved staff for damages or injury sustained by me or my child while in classes or on studio premises before or after class, or at any other studio activities including but not limited to recitals, workshops, camps, intensives, competitions, performances, and visits to surrounding community businesses. I authorize and agree to hold harmless Dance Xplosion LLC to obtain medical emergency assistance when they deem necessary and for Dance Xplosion LLC to provide transportation to receive such medical assistance for myself and/or my child named below.

I further agree to be financially responsible for all medical services provided to me and/or my child named below, including the cost of defense and enforcement of this indemnity agreement.

I understand and agree that Dance Xplosion LLC and staff may administer first aid on Dance Xplosion premises in the event of minor injuries. Guardians may be notified if basic first aid is provided to any child.

I authorize Dance Xplosion LLC to use photos and/or video taken of me or my child while at dance or dance functions for marketing and promotional materials, including website and social media. Please note that Dance Xplosion LLC agrees to not make public or resell any private information provided to it by students and their families.

I have read the foregoing Studio Waiver and agree with it in all respects.

Guardian Signature: _____ Date: _____

PAYMENT POLICY: *Trial Fee is due at time of registration*

**If you select to use your card on file from the previous season we will charge it fully at the time of registrations. If your card is declined your dancer is not enrolled until payment is made in full.*

**Payments by email or fax, please completely fill out Credit Card info below.*

I SELECT TO USE THE SAME CREDIT CARD AS THE PREVIOUS SEASON (sign below to authorize)

Card #: _____

Card Type: VISA / MasterCard / Discover 3-Digit Code: _____ Expiration Date: _____ / _____

Card Holder Name (printed, as seen on card): _____

Billing Address: _____ Billing Zip: _____

By signing below you acknowledge and authorize the "Amount Due Today/Family" will be charged to the above listed card immediately.

Signature: _____ Date: ____/____/____