



# Arabesque School of Dance LLC, (ASD)

## Competition Registration

10130 Davenport St. NE, #170, Blaine, MN 55449 763 780 6075

[www.arabesquedanceschool.com](http://www.arabesquedanceschool.com) Registration fee of \$50.00 per student

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Birthday \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact other than parent \_\_\_\_\_ Phone \_\_\_\_\_

Medical conditions/concerns \_\_\_\_\_

Please check all that your dancer is interested in: \_\_\_\_\_ Tap/Jazz \_\_\_\_\_ Ballet  
\_\_\_\_\_ Production \_\_\_\_\_ Hip Hop \_\_\_\_\_ Select Group \_\_\_\_\_ Solo/Duet/Trio  
\_\_\_\_\_ Other \_\_\_\_\_ Tuition will be based upon tryout selection

### ASD Policies

Tuition is due the first week of each month. If monthly tuition is not paid there will be a \$5.00 late fee. There will be a \$25.00 fee for any checks returned by the bank. Tuition/registration fee is non-refundable. Competition team members are required to commit from August through Nationals with full payment. I grant ASD permission to use photography/video of my child for promotional purposes. I will not hold ASD responsible for any lost, stolen, or damaged items. I authorize ASD to secure any emergency medical treatment my child may need. I understand the ASD reserves the right to refuse instruction to anyone not abiding by our policies at any time without prior warning. I understand that participation in a dance program involves risk and possible injury. I understand that ASD, facility and staff will not be held responsible for injuries sustained in class, while performing or traveling to or from its facilities. I authorize automatic payment which will be applied on the 1st of each month. \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Card holder name \_\_\_\_\_

I'm signing this form with the understanding that I've read all the above, agree to all the studio policies and have received a copy of the ASD handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office use only:

Total Due \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Notes:

Group \_\_\_\_\_ Ballet \_\_\_\_\_ Production \_\_\_\_\_

Hip Hop \_\_\_\_\_ Select Group \_\_\_\_\_ Solo/Duet/Trio \_\_\_\_\_

Monthly Tuition \$ \_\_\_\_\_ Costume \$ \_\_\_\_\_ Comp fees \$ \_\_\_\_\_ Total Monthly \$ \_\_\_\_\_