



### DANCER REGISTRATION FORM

Please read through and complete all pages of this form prior to the first dance class of the series.

A once-yearly registration fee of \$25 for new students and \$15 for returning students is required.

I would like to register for \_\_\_\_\_  
Class name(s) and Time(s)

Class Tuition = \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Registration Fee = \_\_\_\_\_  
(\$15 returning students, \$25 new students)

Total = \_\_\_\_\_

Make checks payable to Kimberly Stinson Serrano. Please mail payment and forms to Oculus Danceworks, PO Box 65, Menlo Park CA 94026-0065

Dancer Name: \_\_\_\_\_

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

Parent/Guardian Name (if minor): \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

E-mail Contact: \_\_\_\_\_

Any Pre-Existing Physical or Behavioral Condition(s): \_\_\_\_\_

\_\_\_\_\_

Previous Dance Training: \_\_\_\_\_

\_\_\_\_\_

**DANCER REGISTRATION FORM**

**LIABILITY RELEASE**

**I understand that the study of dance has inherent risks and may cause physical injury. I am fully aware of the risks and hazards involved. Attendance in Oculus Danceworks classes, rehearsals, or activities may result in intense physical exertion and cause unforeseen risks and injury. I hereby release, discharge and agree to save harmless Oculus Danceworks (Kimberly Stinson Serrano), her legal representatives or assignees and all persons acting under her permission or authority, from any liability whatsoever for any and all claims of any nature which may arise out of my or my child's attendance in movement classes, rehearsals, or activities to be held at \_\_\_\_\_ (studio location).**

**In case of emergency, I give my permission for \_\_\_\_\_ (student's name) to be transported to a hospital and treated by a medical professional.**

**My signature is voluntary and implies complete understanding of this form. By signing this agreement, I acknowledge that if anyone is hurt or property is damaged during participation in any Oculus Danceworks activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Oculus Danceworks (Kimberly Stinson Serrano).**

**I grant Oculus Danceworks permission to make video, film, photographs or any other images of my or my child's involvement in Oculus Danceworks activities for promotional purposes without compensation to me or my child.**

**Signature (Parent or Adult Student) \_\_\_\_\_**

**Date \_\_\_\_\_**



## DANCER REGISTRATION FORM

### SCHOOL POLICIES

#### ATTENDANCE

Oculus Danceworks was created to educate the whole dancer by cultivating technical proficiency and creativity. Students must attend class regularly and in a timely manner in order to progress. The school reserves the right to ask latecomers to sit out. If a student is repeatedly late or absent without written notice Oculus Danceworks may terminate lessons.

#### ATTIRE

Students are required to dress and arrange hair properly for class—this includes having correct shoes. Oculus Danceworks reserves the right to have improperly-dressed students sit out. Please see FAQ #4 on the Oculus Danceworks website ([www.oculusdanceworks.com](http://www.oculusdanceworks.com)) for more information on dance class attire.

#### BEFORE/AFTER CARE

Minors should not be left at the studio for excessive amounts of time before or after lessons or rehearsals. If an instructor must wait for a student to be picked up after class, a childcare fee of \$20 per 15 minutes will be charged.

#### HANDS-ON TEACHING

Teachers for Oculus Danceworks may make physical adjustments of students' bodies during instruction. If you do not wish to receive physical adjustment (for yourself or your child), please inform the instructor prior to beginning class.

#### INJURIES

Parents, legal guardians of minors, students, and adult students waive the right to any legal action for any injury sustained on school property resulting from normal dance activity or any other activity conducted by the students before, during, or after class time.

*Students must have a completed liability release turned in BEFORE lessons begin.*

#### INSURANCE

Oculus Danceworks does not carry medical insurance for its students. It is required that all dance students be covered by their own family insurance policies. If injury occurs, it is understood that the student's own policy is the only source of reimbursement.

#### PAYMENT

All fees must be paid on time. Cash, checks, and money orders are accepted. There will be a \$25 penalty for any returned checks. Please make checks payable to Kimberly Stinson Serrano. Send completed registration forms and payment to:

Oculus Danceworks  
P.O. Box 65  
Menlo Park CA 94026-0065

Or, bring completed registration materials and payment to the first class meeting.

#### WITHDRAWAL FROM CLASSES

If it is necessary for a student to withdraw from classes, the school must receive a written notice during the first week of the month. Any pre-paid lessons will be refunded after the notice has been received.

I have read and understand the above policies and agree to abide by them.

Student Name (print clearly) \_\_\_\_\_

Signature (parent or adult student) \_\_\_\_\_

Date \_\_\_\_\_