



**New Student
REGISTRATION APPLICATION
SPRING SEMESTER 2010**

REGISTRATION CAN ALSO BE COMPLETED ONLINE AT WWW.STUDIOROXANDER.COM

Student Name _____ **Email Address** _____

Female Male

Date of Birth _____ Age _____ Academic School _____ Grade _____

Mailing Address _____
Street Address City zip

Residence Address _____
(if different than mailing) Street Address City zip

Student primarily lives with Both Parents Mother Father Other: _____

Mother's/Guardian's Name _____ Phone (H) _____ (W) _____

Father's/Guardian's Name _____ Phone (H) _____ (W) _____

BILLING INFORMATION (if other than parents/residence address above):

Person Responsible for Paying Tuition: _____

Billing Address _____
Street Address City zip

EMERGENCY CONTACT: _____ Telephone #: _____
 ("Secondary" — other than parent)

WHERE DID YOU HEAR ABOUT US? Friend Location Performance Website Advertisement Flyer/Brochure Other: _____

If referred by a current student, who can we thank for telling you about us? _____

REGISTRATION

	CLASS NAME	DAY / TIME	LOCATION	CLASS LENGTH
1				
2				
3				
4				
5				
6				
7				
TOTAL HOURS PER WEEK				

PLEASE COMPLETE REVERSE SIDE OF FORM
FORM MUST BE SIGNED ON PAGE 2

PAYMENT:

Total Semester Tuition	\$ _____
Pay in Full Discount (if applicable) – 10%	\$ (_____)
Sibling Discount (-15%) (if applicable)	\$ (_____) (to be completed by OFFICE)
SUBTOTAL	\$ _____ * see note below
Non-refundable Semester Registration Fee	\$ _____ +10.00 (due upon Registration)

TOTAL DUE FOR SEMESTER

\$ _____

*If registering after the start of the Semester your tuition will be prorated.***IF MAILING IN REGISTRATION,
PLEASE ATTACH CHECK AND MAIL TO:**
**STUDIO ROXANDER LLC
1221 COURT STEET
MEDFORD, OR 97501**

* NOTE: You have the option of making your tuition payments in monthly installments. If tuition is not paid in full upon registration, your monthly tuition will be due on or before the 1st of each month. A \$10 late fee will be applied if payment is not received by the 1st of the month. **To avoid late fees, an automatic payment option is available. See the office.**

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Studio Roxander LLC shall not be liable in any way for injuries sustained during attendance at the dance school or any of its related functions. I understand that good dance training involves touching and adjustment of the student's body by the instructor.

Publicity Release

I hereby authorize the Studio Roxander LLC to record the student's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio, or television broadcast programs. I also give my permission for Studio Roxander LLC to use and license others to use these materials in any manner or media whatsoever. Studio Roxander LLC is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promise of compensation was made by Studio Roxander LLC for such use.

Tuition Policy

I have reviewed the **Registration Information, Tuition Schedule and Additional Information** Sheet and hereby register my child for the classes and tuition amounts detailed on this application. I understand that if tuition is not paid by the due date that a late fee will be incurred and my child's space in class may be released without notification. I also understand that classes missed can be made-up within 4 weeks, but that no credits or refunds will be given for missed classes.

I have read, understand and agree to the **Tuition Policy, Liability Release and Publicity Release** as well as the policies and fees outlined on the **Registration Information** sheet and hereby register my child for the Spring Semester 2010.

Dated: _____

*Signature of Parent/Guardian***THIS FORM WILL NOT BE ACCEPTED IF ALTERATIONS HAVE BEEN MADE TO OUR POLICIES/RELEASES.****COMPLETED APPLICATIONS SHOULD BE DELIVERED TO THE COURT STREET STUDIO.****Training the Complete Dancer™***Main Studio: 1221 Court Street, Medford, OR 97501**RVSTC Studio: Rogue Valley Swim & Tennis Club, 709 N. Phoenix Rd., Medford, OR 97504*tel. 541.773.7272 ✉ email: info@studioroxander.com