

DANSPACE REGISTRATION FORM - ADULT DIVISION/DFPD



DANSPACE
473 Hudson St. Oakland, CA 94618
www.danspace.com ~ info@danspace.com
(510) 420-0920

Please complete one registration form and sign below. We do not accept credit cards at this time.

PLEASE PRINT CLEARLY

Student's Name _____ **DOB** ____/____/____
Male ____ Female ____ Month Day Year
Address _____
City _____ Zip Code _____
Phone (C) _____ (H) _____
e - Mail _____

Danspace communicates primarily via email. If you give us your email address it will be added to our mailing list. The e-Mails we send are sent only from the studio regarding studio/class information and updates. We do not sell or give your e-Mail to outside groups.

In case of emergency while you are in class, Whom should we call?

Contact #1

Name _____
Phone # _____ Relationship _____

Contact #2

Name _____
Phone # _____ Relationship _____

In case of injury occurring during dance class, Contact #1 will be notified first. In case of emergency, paramedics will be called first and Contact #1 will be notified second. Contact #1 and Contact #2 information must be complete.

Signature

Date

Check all that apply:

Dance For PD

Do you have any special requirements (i.e. paratransit)? _____
How did you hear about Dance For PD classes? _____

Drop-In Classes

How did you hear about us? _____
What styles of dance are you interested in? _____
How often do you take class? _____

Master Class Series

How did you hear about us? _____
What styles of dance are you interested in? _____
How often do you take class? _____

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Current/Former Occupation/Employer: _____

Allergies: _____

Current Medications: _____

In the space provided below, please list any information about yourself that you would like us to know.

Monthly Class Card

Card is active for one month. All sales are final. No refunds, transfers or extensions.

Bounced Checks

We pass on a \$35.00 fee for any checks returned for insufficient funds by our bank .

Master Classes

Danspace must receive Cancellation Notice two weeks prior to the first day of class (14 days) in order to receive a deposit or tuition refund.

Image Release

Danspace strives to share images that reflect our dance studio and community. We may take photographs or video during class, rehearsal or performances for inclusion in a variety of media. These media include but are not limited to: printed performance programs, area newspapers, television broadcasts, advertising and promotional materials (brochures, posters, fliers, website, e-blasts, etc...) and virtual media.

To ensure that you are aware of the possible display of class and performance images either grant or withhold permission by checking the appropriate box, signing and completing this form. *Danspace* will refer to this Record Of Permission before broadcasting or publishing any photos, videos or electronic images.

Please check one option below:

- I GRANT PERMISSION** to *Danspace* to publish, reproduce and distribute photographs, electronic images or video of myself/child. This permission extends to printed materials, broadcast media and the school's own internet website.

Permission will remain in effect until a written letter withdraws consent to *Danspace*. Permission can only be revoked for images not yet printed, published or otherwise disseminated.

- I Do Not Consent** to publication, reproduction or distribution of any photographs, electronic images or videotape of myself/child by *Danspace*.

By signing this form, I acknowledge my understanding and acceptance of the following:

I, _____, person responsible for payment of tuition, have read and agree to all the *Danspace* policies set forth on its website and in printed materials. I understand that Dance is a physical practice. I agree to release *Danspace* from any liability resulting from the natural practice of Dance.

Signature

Date

For office use only

Last updated 12/15/14

Actual Start Date _____ Class _____ Day _____ Time _____

QB Database _____ Contact Database _____