

Student's Name (last, first) _____

Lonestar Dance Studio: Fall 2011

In the event that I am unable to be contacted to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Lonestar Dance staff to take my child/children/self to:

Dr. _____

Address: _____

Phone: _____

or to _____ Hospital.

Safety measures will be used to prevent accidents. Uncomplicated first aid will be administered to all minor injuries and parents or doctors will be called when necessary. However, Lonestar and its staff cannot be held liable for harm to children while on studio property or otherwise in the care of the studio staff members. Knowing all teachers will do their best to ensure the safety of the children in their care and will not be negligent (I) or (We)

_____ assume all responsibility and waive any claim for compensation for accidental injury incurred by my child/children or self while at the studio or otherwise in the care of the staff and hereby agree to indemnify and hold harmless the school, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from an injury to said child/children or self while participating in this program.

Signature of Parent or Guardian

Date

Parents' Names

Home Phone

Employers Name

Work Phone

Emergency Contact (Other than Parent)

Emergency Phone

Fall 2011 Tuition Rates

Hours Per Week	Monthly Cost	Hours Per Week	Monthly Cost
45 minutes	\$52	4.5 hours	\$150
1 hour	\$70	5 hours	\$160
1.5 hours	\$80	5.5 hours	\$165
2 hours	\$96	6 hours	\$175
2.5 hours	\$112	6.5 hours	\$190
3 hours	\$130	Unlimited	\$195
3.5 hours	\$135		
4 hours	\$145		

Membership Agreement:

By signing below, I acknowledge that I have received a copy, have thoroughly read, and understand the policies outlined in the 2011-2012 Membership Agreement.

Signature of Parent or Guardian

Date

Printed Name

Relationship to Student

