



KID'S DANCE PARTY REGISTRATION FORM

CONTACT INFORMATION

Child's Name _____ Birth Date ___ / ___ / _____ Turning Age _____ Gender: M F

Parent/Guardian Full Name _____ Home Phone _____

Parent/Guardian E-Mail _____ Cell Phone _____

Number of children expected: _____ Guests Ages _____

Additional Notes/Special Request:

PLAN YOUR PARTY

PARTY THEME (*circle one*)

Princess Ballerina Disco Hip Hop Other _____

DATE REQUESTED & TIME: Please provide two options.

Option 1: Date: _____ Time: _____

Option 2: Date: _____ Time: _____

- Payment includes three-hour studio rental, set up and breakdown and 45 minute dance instruction for up to 15 children
- \$100 deposit needed to hold the date.
- You must cancel within 48 hours to receive a full refund. **NO REFUND AFTER 48 HOURS.**
- The completion of this form does not guarantee your requested time and date.
- You will receive a phone call for confirmation. Return form and payment to:

Legacy Dance Studio, 990 Quail Creek Road, Shreveport, La. 71105 or Fax to: 318-686-2910

For more information: Call 318-213-0673, or email cdcllc2002@yahoo.com

***** OFFICE USE ONLY *****

Please make check payable to Legacy Dance Studio

Payment Options:

Check # _____ Amount \$ _____ Credit Card: () VISA () Master Card

Payment received by: _____ Date: _____

TERMS OF AGREEMENT:

- Please complete and return this agreement along with a \$100.00 deposit.
- The remaining balance is due on the party date as soon as you arrive.
- Pay remaining balance by credit card or money order. NO CHECKS.
- Please notify Legacy Dance Studio immediately of any change in plans or of a cancellation.
- Must cancel with 48 hours. **NO REFUND** will be given after **48 HOURS**.
- Host and guest should arrive 30 minutes before party time.
- All birthday party participants must be dressed in the proper attire for birthday party activities.
- No Smoking, Alcoholic Beverages, or Illegal Drugs on the studio premises. You will be asked to leave without refund of fees.
- Due to limited space and safety, NO Adults will be allowed on the dance floor except the participants and Legacy Dance Studio's Instructors.
- If there are special needs guests, please inform the staff ahead of time so that arrangements can be made.
- During sit down party time (food & cake) please supervise your children.
- All children MUST always be accompanied by a parent or guardian.

PHOTO RELEASE:

I authorize that LEGACY Dance Studio to use all photographs or videos taken of me or my child during the Birthday Party for advertising, instructional, and/or promotional material.

MEDICAL RELEASE AND ASSUMPTION OF RISK:

As the parent, agency/representative, or legal guardian, I hereby give consent for LEGACY DANCE STUDIO to provide all emergency medical/ dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child/relative, under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent. It is the responsibility of every individual, his/her parents, or a legal guardian to provide his/her own accident or health coverage while participating in all LEGACY DANCE STUDIO activities. LEGACY DANCE STUDIO does not provide any accident or health coverage for its members or guests. By participating in LEGACY DANCE STUDIO activities and programs, I agree to assume full responsibility for the risk of such activities and programs and, further, agree to release and hold harmless LEGACY DANCE STUDIO and its staff members from any and all claims, suits, losses or related injury or death, accident or otherwise, during or arising in any way from the activities or programs of LEGACY DANCE STUDIO. I acknowledge and agree that this general release of liability of LEGACY DANCE STUDIO is binding upon me, personally, as well as in capacity of the parent or guardian of my child and on my heirs, personal representatives, successors and assigns. LEGACY DANCE STUDIO cannot accept responsibility for your child except when he/she is under the supervision of an appropriate employee. Parents will be responsible for notifying staff of a child's absence, late arrival, early or late pick-up, and any other special circumstances. LEGACY DANCE STUDIO may use photographs of participants for publicity purposes.

PARENT/ GUARDIAN SIGNATURE _____ DATE: _____