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Located in the Beverly Plaza
around the back next to the Medical Testing Labs!
2105 and 2115B E. 12th S

"How beautiful on the mountains are the feet of those who bring good news, who proclaim peace, who bring good tidings, who proclaim salvation, who say to Zion, 'Your God reigns!' " Isaiah 52:7

"Let them praise his name with dancing..." Psalm 149:3

Registration form: 2021-22

Class rates (Monthly fee -- classes are held weekly):

30 min. class -- \$44

45 min. class -- \$49

1 hr. class -- \$59

1 ½ hr. class -- \$64

For each additional class per student that you take up to three there will be a 3% discount
Each class per student after the 3rd will receive a 20% discount. See tuition policy for further details.

IMPORTANT NOTE: Private lessons and duo classes do not count toward total number of classes and are not eligible for % off discounts.

Registration fee (non-refundable): \$25 individual, \$40 family -- registration fee is paid annually

Please list only one dancer per registration form. Please print clearly.

Dancer's name: _____

Parent or legal guardian's
name/names: _____

Dancer's age: _____ Dancer's birthdate _____

Address: _____ City, Zip _____

Email address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Emergency contact: _____

Does the dancer have any health problems? Please explain: _____

Serious allergies: _____

Please place a number beside each form of dance, indicative of the dancer's years of experience:

Ballet _____

Tap _____

Jazz _____

Lyrical _____

Pointe _____

Referred by _____

Hip Hop _____

Musical Theatre _____

Contemporary _____

Irish Step, hard shoe _____

Irish Step, soft shoe _____

Tumbling _____

Dancin' with Mommy _____

Creative Movement _____

Sports Performance (strength/stretching/flexibility/agility) _____

Pre-Pointe _____

Turns and Technique _____

Ballet Technique _____

Other _____

English Country _____

Partnering _____

Modern _____

Please list the classes in which your dancer desires to participate below (if it is a foundational combo, please indicate if you wish to take ballet/tap, ballet/tumbling, ballet/hip hop, ballet/jazz, hip hop/tumbling, or hip hop/tap):

Please list below the days/times you are **NOT** available for class:

By registering students in Beautiful Feet Academy of the Dance Arts we agree to follow all studio policies, standards and etiquette.

Liability release

I, being 18 years of age or older, do for myself (or for or on behalf of the minor child named on this registration form) hereby release, forever discharge and agree to hold harmless Beautiful Feet Academy of the Dance Arts (hereafter "The Academy") and its employees, volunteers, directors, agents and owners from any and all liability, claims or demands for any accident, personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said is participating in any activity associated with The Academy, whether in the studio, at any other location, or while traveling to and from another location.

Furthermore, I (and for or on behalf of my child participant, if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

Further, authorization and permission is given to The Academy to furnish and hereby release liability of transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify The Academy, its employees, volunteers, directors, agents and owners, for any liability sustained as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I understand that in activities with The Academy, I (or my child participant) may be photographed. I agree to allow any photo, video, or film likeness to be used for any legitimate purpose by The Academy.

This accident waiver and general release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

(If the participant has not attained the age of 18 years):

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs.

Print name of participant

_____ Date _____

Father _____ Date _____

Mother _____ Date _____

Guardian _____ Date _____