



STEP 1 - List Classes Attending (see list at www.spotlightdancearts.com)

Monday: _____ Thursday: _____

 Tuesday: _____ Friday: _____

 Wednesday: _____ Saturday: _____

STEP 2 - Complete Registration Form (Please provide all requested items)

Male or Female Date of Birth: _____ Age: _____
 First Name: _____ Last Name: _____
 Name of Parent or Guardian (If Minor): _____
 Address: _____
 City: _____ State: _____ Zip Code _____
 Email Address: _____
 Home Phone: _____ Cell Phone: _____
 How did you hear about us?: _____
 Place of Worship: _____
 School (If a student): _____

STEP 3- Emergency Contact Information

Emergency Contact Name 1: _____
 Emergency Contact Phone: _____
 Emergency Contact Name 2: _____
 Emergency Contact Phone: _____

STEP 4 - Payment Information (Bring to First Class)

Prices: _____ Make checks payable to:
 1x Registration Fee \$20.00 CCT/CYT Studio Classes
 Walk-ins ... \$17.00 per class
Classes purchased in 1 month increments:
 First class: \$50.00 (Average \$12.50/class) Four Classes: \$176.00 (Average \$11.00/class)
 Two classes: \$96.00 (Average \$12.00/class) Five or More Classes: \$210.00
 Three classes: \$138.00 (Average \$11.50/class) 10% Discount for subsequent family members
 Spotlight Dance Arts Fees Due: \$ _____ for _____ # of Classes beginning ____/____/____
 Form of Payment: Cash Check Visa Master Card Discover (No American Express)
 Account #: _____ - _____ - _____ - _____ CVS#: _____ Exp. Date: ____/____/____

Signature: _____ Date: _____

There is a \$25.00 Charge for Checks Returned for Non-Sufficient Funds.
A \$10.00 Late Fee will be charged for Tuition paid after the first class of the month.

Need Help: Call Fred at (619) 966-9169 or visit us at www.spotlightdancearts.com



Medical Release Form and Information

(Please Print Clearly)

Name _____ Age _____

Parent/Guardian (if Minor) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell (____) _____

Emergency Contact Name _____ Phone (____) _____

Physician's Name _____ Phone (____) _____

Insurance Company _____ Policy Number _____

Medical Information (allergies, medication, etc) _____

As the parent/guardian of the above listed minor in Spotlight Dance Arts/Christian Community Theater's Studio Classes, I grant permission of him/her to participate in dance classes and/or productions associated with such classes.

I, the adult participant or parent/guardian of the minor participant, am advised that Spotlight/CCT does not carry Workers Compensation Insurance for participants or volunteers. If I /my minor child suffer injury while participating in class or productions, I have insurance and am personally responsible for any medical or injury related expenses. I give permission to the Staff in charge to secure emergency medical treatment for me/my minor child in the event of an unforeseen injury or accident. Furthermore, I also agree to hold Spotlight/CCT, and/or its assignees, staff, or volunteers harmless in the event of a class or performance related injury or accident.

Signature _____ Date _____

Photo Release Form

I hereby authorize and consent that Spotlight Dance Arts/Christian Community Theater shall have the absolute right to copyright, publish, use, sell, or assign any and all photographs, portraits, or pictures, television spots, movie films, videotapes, and/or sound recordings, or any part thereof, that have been taken of me/my minor child, or in which me/my minor child may be included in whole or in part in association with Spotlight/CCT's Studio Classes or production.

Signature _____ Date _____

Studio Class Payment Schedule

I understand that Spotlight Dance Arts/CCT Studio Classes may be paid by cash, check, or credit card. That the payment is due on or before the beginning of the first class of the month for the class(es) I am attending. That the class whether taken in part or in whole is to be paid at the specified rate as a Walk-In paying for individual classes or as a Discounted Monthly Tuition paying for class(es) whether there are three, four, or five classes in the month.

Signature _____ Date _____