*Staff Initials: \_\_\_\_\_\_*

**FUSION STUDIOS**

**Recital Registration Form**

Tech Rehearsal: June 10th

Recital Show: June 11th

Call Time:TBD

Location: Norris Theatre

|  |  |
| --- | --- |
| **STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **PARENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**DO NOT ADD TEAM ROUTINES HERE**

**\*Company Dancers may only do 3 routines\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Class | Day | Time | Teacher |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

My child will attend the classes listed above for rehearsals and perform in the June recital.

No more than 3 missed classes are allowed. **PARENT INITALS: \_\_\_\_\_**

I confirm that I and or my child are in good health. I understand the nature of this activity in which my child or I shall participate. I will in no way hold Fusion Studios, the instructors, employees, and owners responsible for any accident, illness, or injury that may occur at the studio or at any other venue Fusion’s students may perform at. Fusion Studios is not liable for damaged or lost property. Each student may decline any activity. You are also allowing that any photos or video that might be taken during the rehearsal or performances might be used to promote the recital either on the website, flyers, programs, or promotional materials.

**All classes must have a minimum of 5 dancers in order to be in the show.**

 **If the class you signed your child up for gets cancelled, we give you the option to move to another class or we will provide a credit on your account to use towards future purchases.
By signing this, you are acknowledging that we will not be offering you a credit or giving you a refund if you pull your child from participating.**

**WE DO NOT GIVE REFUNDS! There are no exceptions.**

**I HAVE READ AND UNDERSTAND THE RULES AND POLICIES:**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature

**\*This ENTIRE page is for office use only\***

**SIZING INFORMATION**

|  |
| --- |
| **MEASUREMENTS** |
| **Bust** |  | **Hip** |  |
| **Waist** |  | **Girth** |  |
| **Shirt** |  | **Inseam** |  |

**RECITAL FEES**

**Participation Fee**

 Student Participation Fee:  $75.00  Team (Invoiced)

 **TOTAL: $\_\_\_\_\_\_\_\_\_\_**

**Costume**

 Total pieces participating in \_\_\_\_\_\_ X $85.00 (Per Costume) **TOTAL: $ \_\_\_\_\_\_\_\_\_\_**

FULL PAYMENTS ARE DUE WHEN REGISTRATION FORM IS SUBMITTED

**GRAND TOTAL: $\_\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_\_\_\_\_\_\_\_\_**