

ORLANDO AERIAL ARTS REGISTRATION FORM 2017

Student Name: _____ Date Submitted _____

Parent/Guardian (If student is less than 18 years old): _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

How did you hear about ORLANDO AERIAL ARTS? _____

Registration Fees 2017

X _____ Students-\$20.00 X _____ Family-\$25.00

SESSION DATES 2017

JAN 2 - MAR 26

MAR 27 - JUNE 18

JUNE 19-SEPT 10

SEPT 11 - DEC. 17

PAYMENT OPTIONS

Payments can be via check or cash only. All checks made payable to ORLANDO AERIAL ARTS.

X _____ A \$20.00 fee will be charged. More than one returned, will result in cash payment only.

ABSENCE POLICY

- Only illness, family emergency, or prearranged excused absence; i.e. family vacation can extend the passes expiration date. Student must notify director as soon as absence is confirmed. Makeups must be scheduled within a week via email absences@orlandoaerialarts.com X _____
- All class pass makeups must be made up prior to the expiration of the class pass or two weeks following the expiration if absence was in the last week of the pass. X _____
- Session students must makeup all classes before the end of the session X _____
- We do not reschedule a makeup class if you are a no show. X _____
- OAA does not refund, credit, or prorate tuition due to absences. X _____

CONDUCT

X _____ ORLANDO AERIAL ARTS reserves the right to dismiss any student whose attitude or conduct is found to be unsatisfactory.

X _____ The use of cell phones during class is strictly prohibited. *exception's made for use of rehearsal music or video notes only. Phone calls may be made or answered by leaving the instructional area.

DRESS CODE

- All jewelry must be removed before class. X _____
- No zippers or baggy clothing. X _____
- Ladies hair must be tied back or braided away from the face. X _____
- Gentlemen: Are required to wear a dance belt or support brief. X _____
- Please bring a towel and wear deodorant out of respect for classmates and to keep the apparatus clean. X _____

ALLERGIES/ILLNESS

Emergency Contact

Name	Relationship	Home Phone	Cell Phone