

SoReal Dance Studio
Membership Registration Form
 6108 S. Rice Avenue, Suite 104
 Houston, Tx 77081



Last Name: _____

Office Use Only

Applicant Information

Name: _____ DOB _____

Address: _____

Dance Background/Interest: _____

Guardian/Co-Signer/Emergency Contact

Name: _____ Relation _____

Cell Phone: _____

Email: _____

Health Condition(s): _____

Medication(s): _____

Contact Information

Cell Phone: _____

Email: _____

Other/Website: _____

Something about yourself: I am _____

How did you hear about us?

Name: _____ Date: _____

Website: _____ Radio

Print/Other: _____

Special Health Consideration(s): _____

Fees/Tuitions (2010 Discounted Rates)

1 Month Package: \$185 unlimited scheduled classes

3 Month Package: \$165 unlimited scheduled classes

6 Month Package: \$135 unlimited scheduled classes

12 Month Package: \$85 unlimited scheduled classes

Note: Unlimited packages does not include workshops and private lessons.

A one time \$50 registration fee not included. Sales Tax Not Included.

Initial _____

Payment Information

Check, Visa, Mastercard, Amex

AutoPay ONLY (Will be charged every 1st of the month)

Debit#: _____ Exp _____

CC#: _____ Exp _____

Note: \$45 fee for returned check. \$300 cancellation fee for the 6 month and 12 month unlimited packages. All sales are final and NO Refunds. Sales Tax Not Included.

Initial _____

Liability Disclaimer:

I, the adult applicant (>18 years of age) or I, the parent or legal guardian of the applicant listed below, hereby give approval of the applicant's participation in any and all activities associated with SoReal Dance Studio.

I waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the operations or any and all activities associated with the studio. I waive any right to bring any action in law or equity against the studio, their parent, related and subsidiary companies (whether or not wholly-owned), affiliates, divisions, and past, present and future officers, agents, representatives and employees for any and all liability, claims or demands for personal injuries, sickness, or death, as well as for expenses due to loss or damage to personal property or lost wages to yourself whether as a participant in the activities or as a spectator.

I, the adult applicant or I, the parent or legal guardian of the applicant listed above is responsible to inform the faculty of any physical limitations which may prevent participation in an activity and is also responsible to appropriately decline from any activity that they may not be comfortable with or may be harmful to themselves. Should paramedics use any procedures for emergencies, I understand that SoReal Dance Studio will not be held liable. I give full consent for emergency medical professionals to take the named applicant or any member of his/her family whether as a participant in the activities or as a spectator to the appropriate medical facility and I give full consent to the emergency room medical staff for treatment.

I also give permission for SoReal Dance Studio to take any form of recording media of me or the applicant or any member of his/her family whether as a participant in the activities or as a spectator to use for the website and for purposes of promoting the school.

If any person(s) exhibits behavior that is deemed inappropriate or dangerous to herself/himself or to others by the staff, SoReal Dance Studio reserves the right to remove the person(s) from the facility. SoReal Dance Studio reserves the right, at any time, to cancel or change classes, days and times. All sales are final and no refunds.

_____ Date _____

_____ Date _____

Applicant Signature

Guardian Signature

SoReal Dance Studio is a subsidiary company of The MementoMori Inc.