



**2020-2021 Registration Form**

Please Fill out this form and include with your payment

Dancing in the Streets Arizona  
Mailing Address:  
6411 E. Brian Kent  
Tucson, AZ 85710  
Phone: (520) 867-8489

Dancing in the Streets Arizona  
Studio Address:  
88 W. 38th Street, Suite 200  
Tucson, Arizona 85713

Students name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Parent's or legal guardian's names: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address (If applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Student Cell if applicable: \_\_\_\_\_

Emergency Contact (Other than parent) \_\_\_\_\_

Does the Student have any ailments or restrictions? Yes/No  
If yes, Please explain:

Please list classes in which you or your child are enrolling:

Student 1.) \_\_\_\_\_

Student 2.) \_\_\_\_\_

Student 3.) \_\_\_\_\_

Student 4.) \_\_\_\_\_

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## General Liability Release

I, \_\_\_\_\_ have enrolled \_\_\_\_\_ in a Physical activity, program offered by DITSAZ  
(Parent/Guardian name) (Students names)

I hereby affirm that I am or the above named person(s) are in good physical condition and do not suffer from any undisclosed disability that would prevent or limit participation in this exercise, dance, or any other activities on the premises. I, for myself, my heirs and assigns, hereby release Dancing in the Streets Arizona, the owners/directors, their families, employees, or the owner of 88 W. 38th Street, Suite 200, Tucson, AZ. 85713 from any liability now or in the future for any injuries, or illnesses, incurred while participating in any programs offered at Dancing in the Streets Arizona or at any time, while in the vicinity of the premises or in any activity sponsored, represented or organized by Dancing in the Streets Arizona.

## Photo Release

I also understand that photo's and videos may be taken throughout the year and these images may be published or used for advertising and promotional purposes by Dancing in the Streets Arizona, and its agents. I understand I will not be able to protest any such use or receive compensation of any type for use of these pictures. By signing, I hereby affirm that I have read & fully understand and agree with the above waiver and I have read and fully understand the studio policies.

\_\_\_\_\_  
Signature of parent or legal guardian, if student is under age 18. Or student age 18 or older. Date \_\_\_\_\_

## COVID-19 Liability Release

I, the undersigned, understand that if I wish to participate in OPTIONAL live, in-studio instruction during the Fall 2020 Semester at Dancing In The Streets Arizona, that I will adhere to DITSAZ's COVID-19 Protocol. I recognize that the staff of DITSAZ will work to support my (or my child's) safety, using the Centers for Disease Control (CDC) guidance in social distancing and sanitary measures. I also recognize that entering a group environment at this time can hold certain risks, including potential exposure to the coronavirus. I hereby knowingly and voluntarily assume these risks as condition of OPTIONAL live, in-studio instruction with DITSAZ I waive and release in advance any claim I may hereafter acquire, their employees and/or contracted instructors, arising out of any future physical illness I (or my child) may sustain while participating in their instruction programs.

\_\_\_\_\_  
Signature of parent or legal guardian, if student is under age 18. Or student age 18 or older. Date \_\_\_\_\_

**I have read and understand all studio policies**  Date \_\_\_\_\_

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### Optional Demographic Information:

Providing the following information is optional and in no way affects your registration. This information is being used for the grant writing process which helps to secure funding for scholarships and other operating expenses of the school. Please help us in our efforts to better serve our community by providing us with the following information.

What is the racial/ethnic identity of the student(s)? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian / Alaskan Native         | <input type="checkbox"/> Asian             |
| <input type="checkbox"/> Black / African American                 | <input type="checkbox"/> Hispanic / Latino |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> White / Caucasian |
| <input type="checkbox"/> Multiracial                              | <input type="checkbox"/> Other: _____      |

**Bring this form with you to the first class**

<b><u>Office use only:</u></b>	<b><u>Tuition</u></b> _____
<b>Session name:</b> _____	<b>Class Total</b> _____
<b>Session start date:</b> _____	<b>Reg Fee</b> _____
<b>Ending date:</b> _____	<b>Discount</b> _____
	<b>Scholarship</b> _____
	<b>Previous Balance</b> _____
	<b>Total Tuition Due</b> _____