

Shanice

Educational Learning Center, Inc.
A 501(C3) Non-Profit Organization

9113 South Western Ave
Los Angeles, CA. 90047

OFFICE USE ONLY	
Student#	_____
Class(es)	_____
Instructor(s)	_____

Office: (323)455-0384 Cell: (323)399-9742 Email: shanicecenter@gmail.com

www.shanicecenter.com

STUDENT REGISTRATION FORM

STUDENT INFORMATION (Please Print Clearly)

Student Name	_____		
	Mr./Ms./Mrs.	First Name	Last Name
Mailing Address	_____		
	Address	Street	Apt. #
Contact Information	City	State	Zip Code
	() --	() --	() --
	Day Time Phone No.	Night Time Phone No.	Cell Phone No.
	Fax No.: () --	Email Address: _____	
Student Age	Birthdate	Name of School Attending	
Returning Student	Yes [] No []		
Are there any medical conditions Shanice Educational Learning Center, Inc. needs to be aware of?			
Name(s) of relatives and/or friend authorized to drop-off and pick up student			

PLEASE PROVIDE PARENT(S)/GUARDIAN INFORMATION BELOW IF STUDENT IS UNDER AGE 18

MOTHER INFORMATION (Please Print Clearly)

Mother Name	_____		
Address	_____		
Home Phone #	Work Phone #	Cell Phone #	
Email Address	_____		

FATHER INFORMATION (Please Print Clearly)

Father Name	_____		
Address	_____		
Home Phone #	Work Phone #	Cell Phone #	
Email Address	_____		

EMERGENCY CONTACTS (Different From Parent(s)/Guardian)

Dr. Name:	Dr. Phone No:	Medical Issues:
Name:	Phone No:	Relationship:
Name:	Phone No:	Relationship:
Name:	Phone No:	Relationship:

CLASS REGISTRATION INFORMATION

Class	Date & Time

QUESTIONNAIRE

(Please take a moment and answer the questions below so that we can continuously improve on our quality of service)

How did you hear about us?			
Describe the kind of academic help the student is seeking			
What is the name of the dance school the student attended previously?			
Are there any professional dancer(s) in your family?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	
Other dances/services you would like to see at our academy			
Additional comment(s)			

****NOTICE****

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING THE RISKS ASSOCIATED WITH THE CENTER, AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY SHANICE EDUCATIONAL LEARNING CENTER, INC., IT'S ASSOCIATIONS, CORPORATION BOARD OF DIRECTORS, IT'S RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, T, AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS ENTRY BLANK AND RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES AT SHANICE EDUCATIONAL LEARNING CENTER, INC., REGARDLESS WHETHER OR NOT LISTED ABOVE. IN ADDITION, BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FACT THAT SHANICE EDUCATIONAL LEARNING CENTER, INC. AND ITS AFFILIATES (COLLECTIVELY "RELEASEES") ARE IN NO WAY LIABLE FOR ANY INJURIES SUSTAINED OR LOSS OF PROPERTY DURING ATTENDANCE AT THE CENTER OR AT ANY OF ITS RELATED FUNCTIONS.

IN ADDITION, BY SIGNING THIS CONTRACT/REGISTRATION FORM, I AM AGREEING TO ALL TERMS AND CONDITIONS SET FORTH WITHIN.

- 1) _____ (MEDIA RELEASE) I give permission for photos, video footage, and voice of the student listed in this contract taken at SHANICE EDUCATIONAL LEARNING CENTER, INC. and it related functions to be used for all promotional purposes (website, myspace, facebook, magazine, flyers, posters, television, radio, etc.)
- 2) _____ (CANCELLATION POLICY) I agree to provide SHANICE EDUCATIONAL LEARNING CENTER, INC. written notice 30 days prior to the withdrawal of the student.
- 3) _____ (ORIENTATION BOOKLET) I received, read, and fully understand our orientation booklet and all it contains including our center policies and dress code.

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent of _____ (child). My child is in excellent physical condition and is fit to register and participate at SHANICE EDUCATIONAL LEARNING CENTER, INC. **I HAVE READ AND UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my child to participate/register I shall consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** my heirs, legal representatives and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM IN ANY LIABILITY** that I or my child may allege against the RELEASEES (including reasonable fees and cost) of any injury **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** on my behalf or on behalf of my child regarding any claim rising from my child's participation/registration at SHANICE EDUCATIONAL LEARNING CENTER, INC.

Signature of Parent or Guardian _____ Date _____

I HAVE READ ALL THE TERMS AND CONDITIONS SET FORTH IN THIS CONTRACT AND UNDERSTANDS THEM FULLY

Signature of Student _____ AGE _____ DATE _____ (if over 18 years)

Signature of Parent/Guardian _____ DATE _____

Public Statement of Racial Nondiscriminatory Policies SHANICE EDUCATIONAL LEARNING CENTER, INC.

SHANICE EDUCATIONAL LEARNING CENTER, INC. recruits and admits students/people of any sex, religion, race, color, sexual orientation, or ethnic origin to all the rights, privileges of its programs and activities. In addition, Shanice Educational Learning Center, Inc. will not discriminate on the basis of sex, religion, race, color, or ethnic origin in administration of its educational policies, scholarship/loans/fee waivers, educational programs and/or athletics/ extracurricular activities. In addition, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

Shanice Educational Learning Center, Inc. will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel.