

Once Upon a Dream Student Registration Form 2025-2026
330.239.1777 Granger Studio 330.331.7307 Wadsworth Studio

Student's Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Date of Birth _____

Parent One _____ Phone _____

Parent Two _____ Phone _____

Emergency Contact _____

| Class | Day | Time | Cost |
|-------|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

Registration Fee (\$30/Family \$40) _____ Total Tuition per Month _____

Studio Policy : Tuition is based on a yearly fee, paid equally from Sept. through May. This is not a monthly program. It is a 32/33 week program that runs from September 2025-May 2026. When registering, your child is reserving their spot for the entire season and you are responsible for the entire season's tuition. Skipping months is not permitted. There will be no refunds or adjustments for missed classes. Students may make-up missed classes within one month of absence. Tuition is automatically withdrawn on the first of every month. Autopay ACH checks have a service fee of 1.5%. Autopay payments with a credit card have a fee of 3%.

I have read the policies of Once Upon A Dream and agree to adhere to them. I authorize OUAD to automatically withdraw tuition on the first of every month. Viewing windows will be open the first class of the month. Once Upon A Dream retains the right to use any photography and video tapes for publicity and advertising. OUAD is not responsible for lost or stolen.

Signature _____ Date _____

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Student's Name: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION

As legal guardian of the child I am registering, hereafter, child(ren) I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to dance, tumbling, trampoline, cheerleading, parties, gymnastics and special events. Being fully aware of these dangers, I voluntarily consent and ACCEPT ALL RISKS associated with the participation of the aforementioned person(s) participating, as well as myself, in any and all Once Upon A Dream Dance and Cheer programs and activities including if I as a parent or guardian must enter the facility for any reason.

In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE, its officers, directors, contractors, employees or staff from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Once Upon A Dream Dance and Cheer including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, contractors, employees, or staff. My child is covered exclusively by insurance and I am responsible for all of my child's medical payments. In the event of an emergency, I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Once Upon A Dream Dance and Cheer and its representatives harmless in their execution of this action. I hereby authorize OUAD to act accordingly to their best judgement in any emergency requiring medical attention, and I hereby release OUAD from all liability for any injuries, illness, or death while going to and from OUAD and on the premises. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for Once Upon A Dream Dance and Cheer. I understand that Once Upon A Dream Dance and Cheer, its coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of dance, tumbling, or cheerleading instruction, or in the course of any exhibition, competition, or clinic in which he/she may participate or while traveling to or from the event.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement. I hereby declare any physical, mental problems, restrictions, and or declare the participant to be in good physical condition and mental health.

Signature: _____ Date: _____

Medical History

Has your child ever been advised by a medical doctor to not participate in any athletic activity? Yes _____ No _____
Explain _____

Allergies: foods, medicine, insect, plants, etc. Yes _____ No _____ Explain _____

Medications (please list them) _____

Has your child had any major illness or surgery? If so, list them here _____

My child is covered exclusively by insurance and I am responsible for all of my child's medical payments.

Signature _____ Date _____ I hereby authorize OUAD to act accordingly to their best judgement in any emergency requiring medical attention, and I hereby release OUAD from all liability for any injuries, illness, or death while going to and from OUAD, on the premises, or at a OUAD function. All medical expenses are the responsibility of the student or student's family. The undersigned gives permission to OUAD, its owners, staff, self contractors to seek medical treatment for the participant. I hereby declare any physical, mental problems, restrictions, and or declare the participant to be in good physical condition and mental health.

Signature _____ Date _____