

ABC Dance Class
Registration Form
****Please Print Clearly****

Dancer's Name: _____

School Attending: _____

Dancer's Age: _____ Birthday: _____

Dancer's Address: _____

City: _____ State: _____ Zip: _____

Parents/Guardians Info

Name: _____

Home Phone: _____ Work: _____ Cell: _____

Name of Person Responsible for payment (If Different than Parents)

_____ Address: _____ Zip: _____

Email Address: _____

Alternate Email: _____

Are there any medical conditions that we should be aware of?
(Food Allergies, Physical Conditions, etc.)

RELEASE WAIVER AND ASSUMPTION OF RISK:

I attest that my child is physically fit for the activity of dance, and is in good general health. Furthermore, I release ABC Dance Class from any and all liability related to dance class.

During the rehearsal, class time and the recital we may take photographs, videotape, or film the children participating. These pictures may be displayed in a group setting, in the preschools, in a scrapbook, on our brochure or on our website.

I HAVE READ AND UNDERSTAND ALL CLASS AND TUITION GUIDELINES FOR ABC DANCE CLASS.

Signature of Parent/Guardian: _____ Date: _____

Send registration forms and payments to;

ABC DANCE CLASS, LLC
2125 Scotland Street
Virginia Beach, Virginia 23456

Thank you for choosing ABC Dance Class.