

Parent(s)/Guardian Name:\_\_\_\_\_

## Dance Expressions 2019-2020 Registration

\$ 35.00 Reg. Fee
Ck. #
Cash
Date

## DANCER LAST NAME

Address:			_City:_		Zip:
		Cell Phone:			
E-mail:					
Only fill in	n box below if y	ou would like us	to hav	ve another ado	lress on file.
Parent(s)/Guardian	Name:				
	City:Zip:				
Home Phone:		Cell Phone			
E-mail:					
WORD of MOUTH	XHow did yo CAR DECAL	u hear about Da WEBSITE FA	nce Exp ACEBO	pressions? OK/INSTAGRA	M FRIEND/FAMIL
Tuition <b>\$50</b> /mo. 1 <sup>st</sup> c	lass <b>\$45</b> /mo. 1	1 <sup>st</sup> class/sibling	discou	ınt <b>\$45</b> /mo. a	all additional Classe
Any allergies o	or mild medical co	nditions we should	d be awa	are of? NO	YES
Name and condition: _					· · · · · · · · · · · · · · · · · · ·
Name and condition:  Name:					
Name:		Ag	e:	_ Birth Date:	
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Name:Class:Class:Class:Class:Class:Class:Class:Class:Class:Class:		Ag Da Da Da Da Da Da Da	e:ay/Time:_ay/Tim	Birth Date:	

My permission is granted to use photos taken of my child, I understand and agree to the tuition and late fees that apply to Dance Expressions, LLC. In the event of a physical injury sustained by my son/daughter, while participation in class, rehearsal, and/or performance; I hereby agree not to hold Dance Expressions, LLC and/or Dance Expressions employees and/or Owners responsible. Not responsible for Lost items/stolen items. My permission is granted to use photos taken of my child, on the Dance Expressions website and/or facebook & Instagram pages

Parent/Guardian:	Date: