

Dance Expressions

2025-2026 Registration

\$60 Registration Fee
INCLUDES

December & June Recital Media Check or Money Order

PRINT DANCER'S LAST NAME

Parent(s)/Guardian Name:				
Address:	City:	Zip:		
Cell Phone:	E-mail:			
MEDIA CHOICE: DVD	BLUE RAY FLASH DRIVE			
Only fill in box below if you	would like us to have another	contact/address on file.		
Parent(s)/Guardian Name:				
Address:	City:	Zip:		
Home Phone:	Cell Phone			
E-mail:				
How did you hear about Dance Expre	essions? WORD of MOUTH CAR DECAL WEE	BSITE FACEBOOK/INSTAGRAM FRIEND FAMIL		
•	ditions we should be aware of?	NO YES		
Any allergies or mild medical condition: #1 Name:	ditions we should be aware of? Age:	NO YES Birth Date://		
Any allergies or mild medical condition:	ditions we should be aware of? Age:	NO YES Birth Date://		
Any allergies or mild medical condition: #1 Name:	ditions we should be aware of? Age: Day/Time:	NO YES Birth Date://		
Any allergies or mild medical condition: #1 Name: Class:	ditions we should be aware of? Age: Day/Time: Day/Time:	NO YES Birth Date://		
Any allergies or mild medical condition: #1 Name: Class:	ditions we should be aware of? Age: Day/Time: Day/Time:	NO YES Birth Date://		
Any allergies or mild medical condition: #1 Name: Class: Class:	ditions we should be aware of?Age:Day/Time:Day/Time:Day/Time:	NO YES Birth Date:// _ Birth Date://		
Any allergies or mild medical condition: #1 Name: Class: Class: #2 Name:	ditions we should be aware of?Age:	NO YES Birth Date:// Birth Date://		
Any allergies or mild medical condition: #1 Name: Class: Class: #2 Name:	Age:	NO YES Birth Date:// Birth Date://		
Any allergies or mild medical condition: #1 Name: Class: Class: #2 Name: Class: Class:	Age:	NOYESBirth Date://Birth Date://		

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. 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 will abide by any Covid protocols, which may become necessary, for the Safety of our Staff and Dancers. I hereby agree not to hold Dance Expressions, LLC and/or Dance Expressions employees and/or Owners responsible. My permission is granted to use photos taken of my child, on the Dance Expressions website and/or facebook and Instagram pages/social media. One Calamity day, due to inclement weather, is allowed in our annual schedule. Any further days closed to weather, or other condition, will be made up. \$35 Registration Fee is Nonrefundable. Only \$25 Holiday Media Fee may be refunded, if student withdraws prior to our scheduled Holiday performance.

Parent/Guardian	Date	•