

DANCE EXPRESS

859-581-4062

725 Alexandria Pike, Fort Thomas, KY 41075

DanceExpressNKY.com

2021 - 2022 REGISTRATION FORM

Student's Name _____ Age _____ Birth Date _____
Street Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
Mother's Name _____ Cell # (____) _____
Father's Name _____ Cell # (____) _____
Emergency Contact _____ Relation _____ Phone (____) _____
E-Mail Address #1 _____ #2 _____

** Please Note: E-Mail is the preferred method for communicating important information throughout the dance year. **

** Please allow or add danceexpress@fuse.net to your Safe Sender list (under junk mail options) to ensure you receive our emails. **

Are there any physical/emotional problems or allergies we should be aware of?

Required Policies and Agreements

Please initial each statement below.

Covid-19 Acknowledgement-After carefully considering all risks involved during a government issued "social distancing" order due to the Covid-19 outbreak, I acknowledge that participating in classes at Dance Express is voluntary.

Permission to Treat-I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Website & Social Media-Student pictures will periodically appear (without names) on our website.

____ Yes, you have my permission to use my child's picture (without name) on your web site.

____ No, you do not have my permission to use my child's picture (without name) on your web site.

Payment Policy-Tuition is a yearly expense that is divided into 8 monthly payments (September-April). All accounts require a credit/debit card on file. By supplying this information, you consent to allow Dance Express to charge fees as outlined in our payment policies.

WAIVER OF LIABILITY

Any activity involving height or motion incurs the possibility of accidental injury. While it is our express intention at Dance Express to provide the safety and protection of your child, it is expressly asserted that Dance Express shall not be held liable for any injury sustained while your child is under our instruction, supervision or control. The parents/guardians of _____ hereby release Dance Express of any and all liability and responsibility of injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred participation and instruction of classes, camps, private instruction, or any activity with Dance Express my child participates in.

This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

Parent/Guardian Signature _____ Date _____

Registration Payment

Registration Fee Due: \$20 per family before July 1st \$30 per family after July 1st

Method of Payment: Cash Check Charge Credit/Debit Card On File (\$2.00 Processing Fee will be added)

A payment form must be on file before dancer may participate in classes.

OFFICE USE ONLY

Monthly Amount _____ Receipt _____ CASH CREDIT CARD CHECK # _____
Registration Fee _____ Class Day _____ Class Time _____