

Last Name:				
First Name (Include Sibiling):				
Address:				
City:	State:_		Zip Code:	
Birthdate:	Age:		Grade:	
Email:				
Mother's Name:		Cell#()	
Father's Name:	(Cell#()	
Emergency Contact	Relation_		Cell	
Hold Harmless Agreement/Release Waiver				
The undersigned parent/student indemnifies at Keaveny from any and all liability whatsoever including attorney fees, arising out of the party fundraisers and other related activities provide. The undersigned parent/student understands the photos, brochures, and other materials as a resergistering a child/student for class, such use cand, accordingly, all right, title and interest in	r, for any damage or injurie y's participation in dance le ed by and/or at the facility of nat students may occasional sult of his/her association w of the child/student's name	s, and from essons, cla of Hidden lly appear ith Hidden	n any and all claims and demands sses, workshops, performances, Talents Dance Center Inc. in promotional performance vide a Talents Dance Center Inc. By	eos,
I have read and agree to the above terms and c	conditions of this agreemen	t dated		
Printed Name of Student				
Signature (Parent's signature if student is under 18)			D.	Date
Received by:	Date:			

Style & Level	Age Group	Time	Tuition Due
1.			
2.			
3.			
4.			
5.			
6.			

		CUD TOTAL.	ф	
Class	Price Per	SUB-TOTAL:	\$	
	Class	10% Sibling Discount:	\$()	
Fairytale	\$150			
One 90 Minute	\$120	SUB-TOTAL:	\$	
Two 90 Minute	\$232	Deposit (Per Student):	\$ 50.00	
Three 90 Minute	\$336	Deposit (Fer Student):	Ψ	
		TOTAL:	\$	
Total Amount Paid: \$				
Balance Due: \$				
	(mo @Hidden-Talents-Dance-Center TalentsDanceCenter@gmail.com	

Passivad hv	Data
Received by:	Date: