Student/Family Last Name:	Student First Name:	
Credit Card Authorization (opt):	By signing below, you are authorizating The Dance Co to automatically collect tuition on the 1st of each month of specified date.	
Credit Card #:		
Expiration Date:	CVC Code:	
Authorized signature:		
Parent/Guardian Name(s):		
Mailing Address:		
City:	Zip:	
Cell Phone:	Alt. Cell Phone:	
Home Phone:	Alt. Home Phone:	
Work Phone:	Alt. Work Phone:	
E-Mail	Alt. E-Mail:	
How did you ear about us (If from a friend, list their name):		
whether at law or in equity, arising out of or in connection with my participation in any Studio activities. This release includes, but is not limited to, any and all claims for personal injury, property damage, or wrongful death, arising from negligence, willful misconduct, or any other cause.  I acknowledge and understand that dance activities can involve risks, including but not limited to bodily injury, illness, and property damage. I understand that it is my responsibility to consult with a physician prior to participating in any dance activities at the Studio and to inform the Studio of any pre-existing medical conditions, physical limitations, or injuries that may affect my participation.  I agree to follow all instructions given by the Studio's instructors and staff during dance activities and to use the Studio's facilities and equipment responsibly and safely. I will not hold the Releasees responsible for any injuries or damages resulting from my failure to follow instructions or for any actions or behavior of other participants.  I understand that this Liability Waiver and Release Form shall remain in effect for as long as I continue to participate in dance activities at the Studio. It is my responsibility to inform the Studio promptly of any changes to my contact information or health condition that may affect my participation.  I acknowledge that I have read and understood the terms and conditions of this Liability Waiver and Release Form, and I voluntarily sign it with full knowledge of its significance.  Signature of Parent or Guardian:  Date:		
Student Name:	Birthday:	Cell Phone:
School:	Grade:	Year Started Here:
Dance Experience:		
Student Name:	Birthday:	Cell Phone:
School:	Grade:	Year Started Here:
Dance Experience:		
Registration Fee:		
Tuition   AFC:		
Company Fee:		
Total Due:		
CK #   Cash   CC:		
Date Paid:		
Notes:		