



Dance Registration Form

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

School _____

Parent/Guardian _____ Phone _____

Email Address: _____

PERSON(S) TO CONTACT IN CASE PARENT OR GUARDIAN IS UNAVAILABLE

Name _____

Name _____

Relation _____

Relation _____

Phone _____

Phone _____

Class #1: _____ Monthly: _____ Yearly: _____

Class #2: _____ Monthly: _____ Yearly: _____

Class #3: _____ Monthly: _____ Yearly: _____

There is a one-time registration fee of \$35.00 per student per year. Tuition is due by the 1st of every month. If payment is received by the 10th of the month, there will be a \$15.00 late charge. Tuition is non-refundable. Students will not be allowed to participate in class if account is more than 60 days past due.

Parents/legal guardians give their permission to the school to take photos and/or videos of students to use in school publications, websites, posters and other advertising the school may create. (____)

I grant permission to the staff of the dance school to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I agree to hold harmless from any and all liability the school, its officers, employees both in their professional capacity and personally for all injury or illness resulting from student's participation in the classes, activities or special events at the school.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____