



ENROLLMENT FORM

STUDENT NAME _____

ADDRESS _____ HOME PHONE _____

WORK/EMERGENCY PHONE _____ EMERGENCY CONTACT NAME _____

EMAIL _____ STUDENT BIRTH DATE _____ STUDENT AGE _____

Please list any special health conditions or medications, allergies, & physical limitations the student may have:

I will allow Upper Falls Dance Academy to photograph or videotape my child and grant them the use of such material for publication in any media related to Upper Falls Dance Academy: Yes _____ No _____

CLASS NAME	CLASS DAY	CLASS TIME

TOTAL CLASS HOURS: _____ REGISTRATION FEE (per family): \$30.00

PAYMENT PLAN: _____ TUITION: + _____

TOTAL AMOUNT ENCLOSED: _____

Waiver and Release: All Students/Parents: I agree to participate in dance and exercise courses given by Upper Falls Dance Academy and certify that I am in good health and capable of participating in the academy's classes. I understand it is the express intent of the academy to provide for the safety and protection of the student, and with that understanding, I hereby release Upper Falls Dance Academy Inc., its director, agents, teachers and employees, from all liability for personal injury, illness or property damage occurring on the academy's premises. I have read the brochure, schedule, tuition options and policies of the academy and am fully familiar with their contents, and with this signature acknowledge the waiver of liability.

Parent/Guardian Signature *(If student is a minor)* _____ Date _____