



ENCORE PERFORMING ARTS REGISTRATION

Please complete the following information (a separate form for each family member)

STUDENT NAME: _____ DATE OF BIRTH: ___/___/___

ADDRESS: _____

CITY/STATE/ZIP: _____

EVENING PHONE: _(____)_____ CELL: _(____)_____

EMAIL: _____

PARENT/GUARDIAN: _____

PERSON RESPONSIBLE FOR PAYMENT: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

YEARS OF DANCE EXPERIENCE: _____ HOW DID YOU HEAR OF US? _____

What type of social media do you use: Facebook Pinterest Twitter Instagram

CLASS ENROLLMENT

DAY	TIME	CLASS

Method of Payment
(we accept VISA/MASTERCARD only)

_____ Exp. Date: ___/___ _____

Card Number

Card Holder's Signature

If I prefer to pay by check/cash, I will pay PRIOR to the 7th of the current month. I understand that payments not received by the 7th will automatically be charged to my credit card. By signing this form we agree to complete classes from September to June. If I choose to cancel, I will give 2 weeks written notice. I hereby affirm that the above named student is in good physical condition and does not suffer from any disability which would prevent or limit participation in our dance program. I hereby release Encore Performing Arts, the owner/director, Terri L. Shaffner, her family and any employees from any claims, demands, and/or causes of action arising from the above named person's participation in any of the above stated programs; any liability now or in the future including but not limited to muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee or lower back injuries, foot injuries, soreness, or any other illness occurring before, during or after participation in the above stated programs or at any time while in the vicinity of the premises of the Encore Performing Arts. I affirm that I have read and fully understand and agree with the above waiver.

By signing below I state that I am in complete agreement with the above.

Signature: _____ Date: _____

Printed Name: _____