



ENCORE PERFORMING ARTS REGISTRATION

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

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EVENING PHONE: \_(\_\_\_\_\_) \_\_\_\_\_ CELL: \_(\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

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

<p>Method of Payment  <input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> CASH/CHECK  *payments not received by the 10<sup>th</sup> of each month will be charged a \$10 late fee.</p>	
<p>_____ Exp. Date: ___/___</p>	<p>_____</p>
Card Number	Card Holder's Signature

I understand the monthly fee of \$\_\_\_\_\_ will be automatically charged on the 5<sup>th</sup> day of each month from September to May and I will never be charged a late fee; that by signing this form we agree to complete classes from September 2019 to June 1, 2020. If I cancel, I must give 2 weeks notice before the next billing. 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 by 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: \_\_\_\_\_