

6 WEEK COURSE REGISTRATION FORM

STUDENT INFORMATION

STUDENT NAME: (LAST) _____ (FIRST) _____

AGE: _____ BIRTHDATE: MO _____ DAY _____ YEAR _____ MOTHER'S/FATHER'S NAME: _____

MAILING ADDRESS: _____ APT# _____

CITY: _____ ZIP: _____ E-MAIL ADDRESS: _____

HOME #: () _____ WORK #: () _____ CELL #: () _____

ANY PHYSICAL OR HEALTH PROBLEMS WE SHOULD KNOW ABOUT? _____

EMERGENCY CONTACT: _____ PHONE #: _____

PREVIOUS DANCE TRAINING: _____

CLASSES SELECTED

6 WEEK TAP & BALLET CLASS

TUITION FOR CLASSES SELECTED: \$75.00 _____ AMOUNT PAID CHECK CASH

RELEASE FROM LIABILITY

I do hereby release The Dance Factory, Inc. and its staff from any liability occurring on or around studio premises, or at any other function held at other locations in connection with the dance classes in which the student(s) named above is/are enrolled. I declare that the student(s) above is/are in good health and can participate in dance education classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health, or hospitalization insurance, which would cover any sustained injury. In the event of an injury or emergency when I return cannot be contacted, I give my permission for you to obtain medical services for the student(s) named above.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

AUTHORIZATION FOR ENROLLMENT

I authorize The Dance Factory, Inc. to enroll the student(s) named on this form in dance classes; I accept responsibility for the payment of tuition for those classes for which the student(s) is/are registered. I understand that the registration fee is non-refundable and that there are no refunds or deductions for classes not attended. I also accept responsibility for payment of Costume/Recital Fee(s) for student(s) named on this form enrolled, unless I give you written notice by October 31st of the school year that the student(s) will not be participating. I understand that if I do not give written notice of the student(s) withdrawal from classes by the 10th of the month, I am obligated to pay the next month's tuition payment. In addition, I understand that all tuition is due by the 10th of the month to receive the tuition discount or the full monthly tuition is due.

PARENT/GUARDIAN SIGNATURE _____ DATE _____