



2015 - 2016 REGISTRATION

Registration Date _____

Student Information				
First Name	Mi	Last Name	Date of Birth	Academic School
First Name	Mi	Last Name	Date of Birth	Academic School
First Name	Mi	Last Name	Date of Birth	Academic School
First Name	Mi	Last Name	Date of Birth	Academic School
Street Address			City, State, Zip	
Home Phone #			Student Cell Phone #	
Parent Guardian Information				
Parent/ Guardian #1 Name			Work #	Cell Phone #
Parent/ Guardian #2 Name			Work #	Cell Phone #
Parent's Email Address (for Studio Updates)				
Emergency Contact Information				
Emergency Contact Person (other than parent/guardian)			Relationship	Emergency Contact Phone #
How did you hear about us? (Please check one) <input type="checkbox"/> Community Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Brochure/Direct Mail <input type="checkbox"/> Other _____ <input type="checkbox"/> Referral; if so, whom may we thank? _____				
Student	Class / Level		Hours	

Method of Payment: _____ **Auto Credit/Debit** **Family Hours Per Week**
 _____ **Check*** (monthly submission has a higher tuition)
 _____ **Cash*** (monthly submission has a higher tuition)
 _____ **Paid in Full** _____



WAIVER OF LIABILITY & MEDICAL RELEASE

I understand that participation in dance/fitness classes carries a reasonable assumption of risk. I hereby waive, release and hold harmless Performing Dance Center, its director, employees, and staff from liability or claim resulting from my or my child's participation in this program.

I attest that the student has had a medical exam within the last 12 months and is capable of participating in dance/fitness classes.

I authorize Performing Dance Center to administer first-aid and/or authorize medical treatment if necessary. I hereby grant authority to allow all emergency medical treatment necessary at any medical facility and assume the responsibility for payment of this medical treatment.

Student(s) Name: _____

Drug allergies and other medical information regarding my child: _____

Parent/Guardian Signature

Date

PARTICIPATION AGREEMENT

I grant Performing Dance Center and its Director permission to use photographs and/or videos/DVDs of my child in their advertisements and/or website.

Parent/Guardian Signature

Date