



2011-2012 REGISTRATION FORM

Registration Date _____

Student Information		
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? _____		
Class	Day/Time	

Weekly Hours: _____

Monthly Tuition: _____

Method of Payment: _____

Auto Credit/Debit
 Post-dated Checks
 Monthly Submission
 Paid in Full _____

TODAY'S CHARGES

Registration Fee:	\$
Less Coupon:	
First Month: Tuition	
Total Paid:	\$
Method:	



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: _____

Insurance Company: _____

Insurance Company Phone No.: _____

Insurance ID No.: _____

Name of Policy Holder: _____

Drug allergies and other medical information regarding my child: _____

Parent/Guardian Signature

Date

PARTICIPATION AGREEMENT

I/we 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