

Dynamic Dance

Student Registration Form 2009-2010

Student's Name (First & Last) _____ Date of Birth _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Mother's Name _____ Mother's Cell # _____

Father's Name _____ Father's Cell # _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include: Telephone #

Street: _____ City: _____ State: _____ Zip: _____

Would you prefer to receive dated communications from us via email? Yes No

If yes, please provide proper email

address: _____

Please advise us of any medical conditions that may affect the student's participation:

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. Dynamic Dance is not responsible for personal property.

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Please list the class(es), camp, or workshop you wish to enroll in.

Class,Camp,Workshop	Day/Time	Teacher	Tuition Due
			\$
			\$
			\$

SUB-TOTAL: \$ _____

Discount: \$ _____

TOTAL: \$ _____

Amount Paid \$ _____