

ABC's of Dance

REGISTRATION FORM 2017

****PLEASE PRINT****

Student's name: _____ Date: _____

Birthdate: _____ Age: _____ F _____ M _____

School: _____ Grade: _____

Parent's name: _____ Cell Phone: _____

Home Phone: _____

Address: _____ City & Zip: _____

Email address*: _____

*We send email notifications about important info and schedule changes. No email or illegible emails will not receive these email notifications.

Nanny's name: _____ Phone: _____

Emergency contact: _____ Phone: _____

Medical conditions: _____

Previous experience: _____

How did you hear about us? _____

CLASSES:

DAY & TIME:

1. _____

2. _____

3. _____

INFORMED CONSENT FORM:

I hereby give my consent for my child to participate in class. Furthermore, I authorize ABC's of Dance to provide emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. My child and I are aware that participating in class is a potentially hazardous activity. I assume all risks associated with participation in the activity including but not limited to falls, contact with other participants, the effects of the weather, traffic and other reasonable risk conditions associated with the activity. Furthermore, I release ABC's of Dance, instructors and assistants from any liability as a result of participation in classes or performances. I understand this informed consent form and agree to its conditions on behalf of my child.

FINANCIAL POLICY:

We do not pro-rate for vacation, sickness, or missed classes. Tuition must be paid in advance. Class and camp tuition is non-refundable. We cannot give credits toward the next session for missed classes. There are no make-ups or credits for missed camp days.

____ I authorize my credit card to be charged for each billing session. Number _____

Expiration Date: _____ CCV _____

Parent's signature: _____ Date: _____