

DANCE EXPRESSIONS
Student Registration Form
2011-2012

First Name _____ Last Name _____

School District _____ Date of Birth _____
Grade _____ Age _____ Sex _____ Start date _____

Dance Experience _____

Mother's Name _____
Cell Phone# _____ Work Phone # _____

Father's Name _____
Cell Phone # _____ Work Phone # _____

Address _____
City _____ State _____ Zip _____

Home Phone# _____ Emergency Phone# _____

E-mail Address _____

Who gets the bill? _____ # of Classes _____ Tuition _____

Any medical conditions/limitations we should be aware of _____

*Dance Expressions urges all dancers to obtain a physical from their physician prior to their attendance in any dance class due to the possible dangers connected with physical activity. Students knowingly and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of any occurrence from which any liability may or could accrue to Dance Expressions, its employees, or instructors. The student and parent understand the policies of Dance Expressions and will abide by them; failure to do so may result in suspension or expulsion from classes.

Signature of Parent _____ Date _____

*PLEASE RETURN THIS FORM FOR EACH STUDENT WITH YOUR \$10.00 REGISTRATION FEE FOR EACH NEW FAMILY. THANK YOU

<u>REGISTRATION FEE</u>	<u>TUITION INFO</u>
DATE PD _____	FULL YEAR TUITION AMOUNT _____ CHECK # _____
AMOUNT _____ CHK/CSH	10 PAYMENT PLAN TUITION AMOUNT _____