

**DANCE EXPRESSIONS**  
**Student Registration Form**  
**2010-2011**

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

REGISTRATION FEE

DATE PD \_\_\_\_\_  
AMOUNT \_\_\_\_\_ CHK/CSH

TUITION INFO

FULL YEAR TUITION AMOUNT \_\_\_\_\_ CHECK # \_\_\_\_\_  
10 PAYMENT PLAN TUITION AMOUNT \_\_\_\_\_