

Student Name (Last name, first name)

Additional Student Name (Last name, first name)

Age _____ Birth date ____/____/____ Grade* _____
 *(or year entering Kindergarten)

Age _____ Birth date ____/____/____ Grade* _____
 *(or year entering Kindergarten)

Parent's Name: _____

Previous Dance experience: _____

Address _____

Any muscular, skeletal or other health problems which teachers should be aware of: _____

City _____ State _____ Zip _____

Other Medical Information: _____

Phone (H) _____ Phone (W) _____

Cell phone: _____

**e-mail address: _____

Please share how you learned about theDANCEcentre,inc

IN EMERGENCY (if parent not available) Notify: _____

- Former Student
- Website
- Newspaper Ad
- Free Month Postcard
- Other _____
- Referral _____
- Google search
- Phone Book

Phone (H) _____ Phone (W) _____

Please read, initial all statements, and sign waiver. Waivers must be initialed and signed in order to participate.

As a participant in any program of The Dance Centre, inc., I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss that I or my minor child may sustain as a result of participating in any activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child may have as a result of participating in any program against Leslie Stewart, Michi Barber, The Dance Centre, inc. and its heirs, officers, agents, drivers, volunteers, servants and employees.

I further agree to indemnify and hold harmless and defend Leslie Stewart, Michi Barber, The Dance Centre, inc. and its heirs, officers, agents, drivers, volunteers, servants and employees from my claims resulting from injuries including death, damages and losses sustained by me or my minor child that arise out of, in connection with, or in any way associated with the activities of this program.

I give authorization for photographs to be taken during activities in The Dance Centre, inc. programs. This consent releases all personnel and volunteers of The Dance Centre, inc. from liability and gives permission for photographs to be used in publicity for The Dance Centre, inc.

INITIAL ALL STATEMENTS:

_____ I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

_____ PERFORMANCE DATES: **Charity Performance: Dec. 10, 2011, Recital: June 7th – 10th, 2012.**

_____ I HAVE READ AND FULLY UNDERSTAND THE POLICIES SET FORTH IN THE POLICY HANDBOOK AND AGREE TO ABIDE BY THEM.

_____ I agree that I will not post any photos or videos taken at The Dance Centre, inc., or any performance of or by The Dance Centre, inc. on YouTube, FaceBook, My Space or any other similar online page. I also agree not to make any mention of The Dance Centre, inc. teachers, employees or volunteers on any above mentioned or similar online sites. I understand that consequences of doing so may result in penalties of up to but not limited to \$10,000.00 per occurrence.

ALL STATEMENTS MUST BE INITIALED.

_____ Participant or Parent of Participant (if Minor)

_____ Date

List your students name / class name / day / time / tuition amount.
 For your family's 3rd and successive classes, deduct 10%.

STUDENT NAME	CLASS NAME	DAY / TIME	TUITION AMOUNT
TOTAL AMOUNT DUE / MONTH			

AUTHORIZATION FOR CREDIT / DEBIT CARD DRAFT

* MONTHLY TUITION (on the 1st of each month, ending 5/1/12)

* Costume Deposit (\$35 / costume) on 11/1/11,

* Costume Balance (see handbook for amounts) on 12/1/11 and 1/1/12

Student Name _____ Phone H _____ Phone W _____

Cardholder Name (as it appears on the card) _____

Address _____ City, State, Zip _____

Amount to Charge:\$ _____ / mo Start Date: _____ Stop Date: May 1, 2012

**Signature _____ Date _____

Credit Card Type: _____ Vcode _____ EXP DATE: _____

This portion of your authorization will be entered into our system and then destroyed to protect your financial information.

Card# _____ - _____ - _____