

Dance Depot

2018

6 Week Summer Evening Dance Program

Registration Form

No Registration Fees!

FOR OFFICE USE:

Day _____

Time _____

6 Week Summer Dance Program: * June 25th thru August 3rd*

Tuition Total: \$ _____

Deposit Due: at least 1/2 of Tuition = \$ _____ Balance Due: \$ _____ (first day of class)

Today's Date _____

Desired Class Day & Time: _____

Student's Name: _____ D.O.B. _____
Last First M.I.

Street Address: _____ City/State/Zip: _____

Parent/Guardian's Name _____
Last First M.I.

Phone Number: _____ (w) _____ (h) _____ (c)

Email Address: _____

Emergency Contact Information (other than parent/guardian above):

Name: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____

How did you hear about us? We'd Love to Know!

Referred by friend _____ Whom? _____ Returning Student _____ Website _____ Web Search _____

Yellow Pages _____ Maryland Independent _____ Facebook _____ Instagram _____ School Flyer _____

Other: _____

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A non-refundable deposit of half of your child's tuition is due at registration and will reserve your child's space in class. Any remaining balance is due the first day of class. There are no reductions made for absenteeism. The Dance Depot recommends that each student enrolled in the program consult with their physician with respect to any past or present illness or injury that may affect his/her participation in the exercises, dances or acrobatic/tumbling programs.

I, the undersigned, acknowledge that I have read the above paragraph and that I understand and have discussed with my physician the exercise, dances and/or acrobatic program and physical and/or emotional illnesses or injuries my child or I have. I agree to be responsible for any and all costs, damages and expenses incurred by me or my child as a result of any injury sustained from participating in the program.

PRINT NAME: _____ Date: _____

SIGNATURE: _____

(To be signed by parent or guardian if student is under 18 years of age)