

# Dance Depot

2021

## 6 Week Summer Evening Dance Program

### Registration Form

**No Registration Fees!**

FOR OFFICE USE:

Day \_\_\_\_\_

Class \_\_\_\_\_

Time \_\_\_\_\_

6 Week Summer Dance Program: \*June 29th thru August 12th\*

**NO CLASSES THE WEEK OF JULY 5<sup>TH</sup>!**

Total Family Hours \_\_\_\_\_ Tuition Total: \$ \_\_\_\_\_

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

Desired Class Day & Time: \_\_\_\_\_

Student Name (1): \_\_\_\_\_, \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First M.I.

Student Name (2): \_\_\_\_\_, \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First M.I.

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_, \_\_\_\_\_  
Last First M.I.

Phone Number: \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c)

Email Address: \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_, \_\_\_\_\_  
Last First M.I.

Phone Number: \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c)

Email Address: \_\_\_\_\_

### **Emergency Contact Information (other than parent/guardian):**

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 \_\_\_\_\_ Facebook \_\_\_\_\_ Instagram \_\_\_\_\_ Other: \_\_\_\_\_

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 tumbling/acrobatic 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)