



Registration Form

Student Information: (please print)

Today's Date: _____

Student's Name: _____

Enrolled Class(es): _____

No. of Total Hours per Week: _____ Total Tuition Rate: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ E-mail Address: _____

Date of Birth: _____ Age: _____ Grade:(if applicable) _____

Parent/Guardian's Name: _____

Daytime Phone Number: _____ Cell Phone: _____

May we text you studio reminders?: Yes No

Emergency Contact Name: _____ Telephone Number: _____
(please list someone other than the student's parent/guardian)

Physician's Name: _____ Telephone Number: _____

Does the student have any physical condition that might in any way limit their ability to perform?

No Yes If yes, please explain: _____

Waiver of Liability – I realize and accept that there is a certain risk involving myself or my child(ren)'s participation in **"EXPRESSIONS"** Dance Company's dance program. I, my heirs, executors and administrators waive and release any and all claims and right for damages I may have or hereafter may accrue against **"EXPRESSIONS"** Dance Company or the instructors, from any claims resulting from participation in dance class/activities, except for claims arising out of its own conduct or that of its employees.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____