



REGISTRATION FORM

Students Name _____ Age _____ Birthdate _____

School _____ Grade _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Home Email _____

Students Cell _____ Students Email _____

Mothers Name _____ Mothers Cell Phone _____

Mothers Work Phone _____ Mothers Email _____

Fathers Name _____ Fathers Cell Phone _____

Fathers Work Phone _____ Fathers Email _____

Guardians Name _____ Guardians Cell Phone _____

Medical/Physical Conditions/Limitations or Allergies _____

Previous Experience _____

How did you hear about us? _____ Referred by _____

<u>Class Description</u>	<u>Day</u>	<u>Time</u>	<u>Teacher</u>	<u>Studio</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				

Tuition Fall _____ Tuition Spring _____ Tuition Summer _____

Parent and/or Student understands and expressly assumes all risks involved in connection with dance instruction, rehearsal, training and performances at/with DE, Inc., & IDC including but not limited to risk of bodily injury occurring as a result of contact with other students, instructors, walls, equipment, floors, structural poles and other objects located in or near dance studio, or the student's physical condition or physical limitations. Parent and/or Student waives all claims arising out of dance instruction, rehearsal, training and performances at/with DE, Inc., & IDC whether caused by the negligent breach of contract or otherwise, and whether for bodily injury, property damage or loss or otherwise, which Parent and/or Student may ever have against DE, Inc., & IDC its successors and/or assigns, and its officers, directors, shareholders, employees and agents and their heirs, executors and administrators.

I, the undersigned on behalf of all parties authorize DE, Inc., & IDC the use of their image in all photos and videos for advertising purposes.

Signature _____ Date _____
 (Parent/Guardian if student is under 18 years of age at time of registration.)