



DANCE STUDIO 256

REGISTRATION FORM



NAME: _____ AGE: _____ DATE OF BIRTH _____

SCHOOL: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ AREA: (S, SE etc) _____ ZIP CODE: _____

MOTHER: _____ CELL/WORK PHONE: _____

FATHER: _____ CELL/WORK PHONE: _____

E-MAIL ADDRESS: PLEASE print clearly _____

Referred by: (Name of family) _____

FAMILY PHYSICIAN: _____ Medical alerts _____

PREVIOUS DANCE TRAINING: _____

REGISTERING FOR:
class day(s) & time(s)

1. _____ TUITION _____

2. _____ TUITION _____

3. _____ TUITION _____

Please use **separate**
registration form for
each child.



TOTAL TUITION: \$ _____

RELEASE

It is hereby agreed that I, my child, adopted or otherwise, my heirs and executors, release, discharge and absolve Dance Studio 256 (256 Salem Hts. S. 371-9474), and its owners, employees, agents, affiliates and representatives whether paid or volunteer, for any injury or damage sustained in connection with an activity related to the Discovery School of Dance in excess of the school's liability insurance limits.

The risks involved in respect to these activities are fully accepted as stated herein.

SIGNATURE (Parent/Guardian)

DATE