

studio K dance

2009/2010 Registration Form

PLEASE PRINT CLEARLY

Student's Name:		
Age:	Date of Birth:	
School:	Grade:	
Address:	Zip Code:	
Home Phone:	E-mail:	
Mother's Name:	Cell:	Work:
Father's Name:	Cell:	Work:
Physician's Information:		
Allergies/Medical Conditions:		

Previous Dance Experience: _____

How did you hear about Studio K Dance?

- Word of Mouth
 Stanton
 LaVilla
 Theatre Jax
 Watson Martial Arts
 Internet Search
 Yellow Pages
 Competition
 Friend: _____
 Other: _____

Letter of Consent:

I, _____, acknowledge that dance is a physical activity and that participating in a dance class presents certain risks. Participation in Studio K Dance, Inc. indicates the acceptance of such risks. I relinquish Studio K Dance, Inc., it's employees, and volunteers from any and all liability due to injuries that may be sustained at this facility or any performance venue.

I HAVE ALSO READ AND AGREE TO THE PRICES, POLICIES & PROCEDURES OUTLINED BY STUDIO K DANCE, INC.

Signed: _____ Date: _____

CLASSES:

Day_____Time_____Class_____	Day_____Time_____Class_____
Day_____Time_____Class_____	Day_____Time_____Class_____
Day_____Time_____Class_____	Day_____Time_____Class_____
Day_____Time_____Class_____	Day_____Time_____Class_____
Day_____Time_____Class_____	Day_____Time_____Class_____
Day_____Time_____Class_____	Day_____Time_____Class_____

FOR OFFICE USE ONLY*****

\$_____ Monthly Tuition	PAID: Cash/Check #_____	Courtesy Phone Call <input type="checkbox"/> Yes <input type="checkbox"/> No
\$_____ Registration Fee	PAID: Cash/Check #_____	Entered into Computer <input type="checkbox"/> Yes <input type="checkbox"/> No
\$_____ Recital Fee	PAID: Cash/Check #_____	Customer Number_____
\$_____ Costume Deposit	PAID: Cash/Check #_____	Balance \$_____ PAID: Cash/Check #_____