

# studio K dance

## 2010/2011 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  
  DASOTA  
  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
\$_____ Costume Deposit	PAID: Cash/Check #_____	Customer Number_____
\$_____ Recital Fee	PAID: Cash/Check #_____	Balance \$_____ PAID: Cash/Check #_____