



# 2011-2012 CLASS REGISTRATION

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M F  
Last First

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ 3<sup>rd</sup> Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ 2<sup>nd</sup> Email Address: \_\_\_\_\_

\_\_\_\_\_ By initialing here you allow Dance Vision to release your name, phone # and email address on a contacts list.  
 (This WILL NOT be released to anyone outside this studio. This is so students in classes can get names and numbers for carpool purposes, etc.)

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, ("my child") hereby give permission for my child to participate in all activities with Dance Vision, L.C. I agree that we will comply with Dance Vision's rules, policies, and procedures as they exist from time to time. I understand that dance instruction, performance, and related activities involve some risk of injury or harm, and I assume all liability (whether for injuries or otherwise) arising out of my child's participation in any such activities. I agree to indemnify and to hold Dance Vision and its owners and employees harmless from and against any and all liability, damages, costs, claims, and expenses incurred by any of them in connection with my child's participation in any Dance Vision activity. If Dance Vision determines that an injury suffered by my child requires medical attention, I understand that Dance Vision will make a reasonable effort to contact me. I hereby give permission for emergency medical treatment to be given to my child by providers chosen by Dance Vision, however, if that effort is unsuccessful. By signing below, I further bind myself, my child, and our respective heirs, executors, administrators, successors, and assigns.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Parent or Legal Guardian Signature: \_\_\_\_\_

CLASS NAME	DAY OF WEEK	TIME	PRICE PER MONTH
TOTAL MONTHLY TUITION			
REGISTRATION FEE PER STUDENT			\$10.00
TOTAL DUE AT REGISTRATION			

I understand that tuition is due on the 1<sup>st</sup> day of every month. If my tuition is not paid in full **by the 5<sup>th</sup> of the month** I agree to pay the \$10.00 late fee that will be added to my account. Signature: \_\_\_\_\_

I understand that it is my responsibility to obtain a copy of and familiarize myself with Dance Vision's Student & Parent Handbook as well as contact Dance Vision for any clarification. Signature: \_\_\_\_\_