

DANCE ARTS CENTRE Fall Registration Form 2008-2009

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Dancer's Name: _____ Dancer's Birth date _____ Age _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Father's Name _____ Mother's Name _____

Address: _____

City: _____ Zip: _____

We communicate via email regularly

*Email address: _____

*Email required for all "Team" dancers! Class confirmations sent by e-mail only!

How Did you hear about us? Flyer Friend/neighbor Website Other _____

CLASSES REGISTERING FOR:

1. _____ 2. _____

Name of other family member in dance program _____

Registration Fee is \$30.00 per student

Please note, to hold a spot for class time selected, a registration fee and a first month's tuition is due with registration form.

SEE OTHER SIDE FOR LIABILITY WAIVER AND CLASS CANCELLATION POLICY

Visit us at www.danceartscentre.net or call us at (952) 937 - 2618.



over

STUDIO USE ONLY
CLASS DAY

CLASS TIME

INSTRUCTOR

REGISTRATION FEE

Sept. Tuition Required

TOTAL AMOUNT PD
DATE _____
CHECK # _____
VISA/MC/AMEX/DISC

DANCE ARTS CENTRE LIABILITY WAIVER AND CLASS CANCELLATION POLICY



I, the undersigned, have carefully read through all registration and tuition information. I understand that I am responsible for all tuition payments. In the case of withdrawal from class or Team, I understand that I am financially responsible for all tuition incurred through the day of **written termination to the Dance Arts Centre office.**

I waive all liability of the Dance Arts Centre, and it's staff for injury of any type incurred while participating in studio sanctioned events.

Signed (legal guardian or student if 18 or older)

Today's Date

*Fees: costumes, Team fees, registration fees, etc.