



DANCE & CENTER
SCHOOL OF PERFORMING ARTS

16/17
REGISTRATION
FORM

Student Name _____

D.O.B. _____ Phone _____

Address _____

City _____ State ____ Zip _____

Billing Address (if different) _____



Parent or Guardian _____

Phone (Hm) _____ (Wk) _____

Other: _____

Email _____

If Emergency Call: _____

How did you hear of us? _____



CLASSES

Class _____ Day/Time _____

Class _____ Day/Time _____

Class _____ Day/Time _____

Class _____ Day/Time _____

Class _____ Day/Time _____

Class _____ Day/Time _____

I understand that dance is a dangerous activity and agree to hold the Dance Center and School of Performing Arts, its owner, and teachers blameless of injury that may occur during the normal scope of classes. I also understand that I am responsible for my child's actions and assume all liability on my child's behalf and agree that the Dance Center and School of Performing Arts, its owner, representatives, and teachers are hereby released from any and all liability.

Signature _____

DCSPA has my permission to use a photo of my child in promotional material.