

# ASHLAND SCHOOL OF DANCE



## Registration Form

### STUDENT INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Previous Classes \_\_\_\_\_

Any Health or Physical Restrictions ASOD needs to be aware of?

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Can we text you if classes are cancelled? \_\_\_\_\_ Yes \_\_\_\_\_ No

### DESIRED CLASSES

Class Name \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_

Class Name \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_

Monthly/Semester/Annual Rate \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

I have read and understand the ASOD 2020 Dance Season Program information and studio policies. I understand that participation in this dance program is voluntary and strenuous, and verify that I and/or my child are physically fit to participate. I waive and release Ashland School of Dance, Instructors, their heirs and their assigns from any and all rights and claims for injuries suffered or medical expenses which may occur as a result in the participation in this dance program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTOGRAPHY RELEASE

I hereby grant absolute right and permission to the Ashland School of Dance to use photographic portraits of my child for illustration, promotion, or advertising purposes.

I have read and agree to the above statement. \_\_\_\_\_ Yes \_\_\_\_\_ No

Make checks payable to: **Ashland School of Dance**

All questions regarding tuition and registration should be directed to and registration form sent to:

**ASOD 1316 Main St West. Ashland, WI 54806**

**715-413-1074**