



# 2018 Fall Registration

Date of Registration: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F Age: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Additional Contact: \_\_\_\_\_

How Did you hear about us? Sign Internet Search Coupon Friend

Friend's Name: \_\_\_\_\_

I am registering for the following classes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Trial Date: \_\_\_\_\_

Registration Pd: \_\_\_\_\_

First Class Date: \_\_\_\_\_

Siblings Names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entered into System:

Folder Made:

**Note we have a once a year registration fee of \$25 per student or \$35 per family.**

**\*\*Waiver of liability: Safety is our main concern, but any activity of height or motion Increases the chance of accidental injury. I herby waive and release all rights and claims for damages that I may have at any time against the Inspire Dance Company or it's employees/private contractors for any injury sustained while under the instruction supervision or control of the Inspire Dance Company. I confirm that the above student is in good health. Parent**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Photography Waiver: Throughout the year, we will photograph teachers and students in class. We also photograph and videotape community performances, recitals, and competitions. By signing below you allowing us the use of these pictures and videos for marketing material, website display and display in our studio. Parent**

Signature \_\_\_\_\_ Date \_\_\_\_\_