

NO LIMITS 2018-2019 REGISTRATION FORM

1093 10th Street, Arcata 95521
1547B Pickett Road, McKinleyville 95519

Phone: 707-825-0922
Nolimitsdanceacademy.com
E-mail: nolimitstapandjazz@yahoo.com

To be filled out by the office.

Reg. Fee Paid: _____

\$15 for new students.
\$10 for returning students *if paid*
before June Show.

Studio Preference? Arcata or McKinleyville (Circle if you have a preference.)

1. Student's Name: _____

Classes to be taken: _____

Age: ____ Grade in fall _____ Date of Birth: _____

2. Student's Name: _____ Classes: _____

Age: ____ Grade in fall _____ Date of Birth: _____

3. Student's Name: _____ Classes: _____

Age: ____ Grade in fall _____ Date of Birth: _____

Parent/Guardian: _____ Is this who we should send studio correspondence to? Yes or No
If no, then to whom? _____

Phone: Home _____ Work _____ Cell _____

Address: _____ City: _____ Zip: _____

E-mails (For studio related information): **This is important! All information is sent out via email.**

Person responsible for tuition: _____

If this is a different email, please list it here _____

Phone: _____ Address: _____
(if different than parent) (if different than parent)

I understand and agree to the studio policies as listed in the "2018-2019 Studio Policies" and hereby give my consent for _____
to participate in dance lessons at No Limits. I hereby release and discharge No Limits, Stacy Atkins-Salazar, and employees from all liability arising out of, or in connection with, participation in dance lessons and performances.

Signed _____ Date _____
(Parent or Guardian)