DANCE DIMENSIONS

514 Buffalo Road East Aurora, NY 14052 (716) 652-0219

E-Mail dancedimensions514@yahoo.com dancedimensions.us

Address	har	Street			Doctor's Name
					Doctor's Phone
City		State	Zip Code		Medical Insurar
Phone Hon	ne	Cell/	/Emergency		Emergency Con
E-mail					numbers indicate
Birthdate		Age	(as of Sept. 1st)		Name
			(as of Sept. 1st)		Relationship
Parent's Nam	es				Phone
	Firs	st and Last if diffe	erent from student		
Please List Ar	y Medical Co	onditions The Stu	ıdio Should Be Aware Of:		
				Ho	w did you find our s
					commended by:
	CI	ACC CELEC	TION		Financial Obligation
CLASS SELECTION (Please check all classes you are interested in attending)					for timely payment of
(Ple	ase check all	classes vou are in	iterested in attending)		
	ase check all nbo Class		nterested in attending)		and costume deposits
Kids Cor	nbo Class		nterested in attending)		and costume deposits \$30.00 service fee for fee for tuition paymen
Kids Cor Program	nbo Class 1 (3-4 yr.	olds)	nterested in attending)		and costume deposits \$30.00 service fee for fee for tuition paymen month. I will notify the
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Kids Con Program Kids Con	nbo Class 1 (3-4 yr. nbo Class	olds)	nterested in attending)		and costume deposits \$30.00 service fee for fee for tuition paymen month. I will notify the withdraw from class. I parent.
Kids Cor Program Kids Cor Program	nbo Class 1 (3-4 yr. nbo Class 2 (4-5 yr.	olds)	nterested in attending)		and costume deposits \$30.00 service fee for fee for tuition paymen month. I will notify the withdraw from class. Parental Consent I in a dance class is a point of the parental consent of the parenta
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	S Name			
Doctor's Phone Medical Insurance Carrier				
numbers	indicated)			
Name _				
Relation	ship			
Phone				

Financial Obligation By signing below I am financially responsible for timely payment of this account. I understand that registration fees and costume deposits are non refundable. I understand that there is a \$30.00 service fee for checks returned by the bank and a \$10.00 late fee for tuition payments received after the 10th day of any given month. I will notify the studio immediately if the student must withdraw from class. Until such time, charges will be invoiced to the parent.

Parental Consent I and my child(ren) understand that participating in a dance class is a potentially riskful activity. I assume all risks associated with dance class participation, including but not limited to, falls, contact with other persons, or physical injuries sustained at a performance by the studio. Dance Dimensions shall not be liable for damages from personal injuries sustained by my child/self in or about the premises. By signing below, I fully release and discharge the studio instructors and studio owner from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of use of the studio and/or its facilities. I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.

By signing below, I approve the use of my child(ren)'s photo/video in studio publications, advertising, website, recital pictures/video. I understand names will not be used.

Signature of Parent	
Or Guardian	(Participant or Parent if under 18)