DANCE DIMENSIONS

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

E-Mail dancedimensions514@yahoo.com dancedimensions.us

Name					
Address				Do	octor's Name
iuui ess	Number	Street		Do	octor's Phone
	City	State	Zip Code	Me	edical Insurance
Phone	Home	Cell/E	mergency	En	nergency Contac
E-mail					mbers indicated)
Birthdat	te	Age		Na	ıme
			(as of Sept. 1st)	Re	lationship
Parent's	S Names	Ph	one		
	ast Any Medical	Conditions The Stud	lio Should Be Aware Of:		
				How did yo	ou find our stud
				Recommen	ded by:
CLASS SELECTION (Please check all classes you are interested in attending) Kids Combo Class Program 1 (3-4 yr. olds)				Financi	ial Obligation B
	Combo Cla	all classes you are int ISS		and cost \$35.00 s	tume deposits are service fee for ch
Prog	s Combo Cla gram 1 (3-4 y	all classes you are int ass yr. olds)		s35.00 s fee for t month.	tume deposits are service fee for ch tuition payments I will notify the
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Doctor's	s Name		
Doctor's	s Phone		
Medical Insurance Carrier			
	ncy Contact (if parents cannot be reached at indicated)		
Name _			
Relatior	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 \$35.00 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)