

POQUOSON DANCE ACADEMY

476 Wythe Creek Road, Suite B, Poquoson, VA 23662 (757) 868-0212 Email: dance@PoqDance.com www.PoqDance.com

CLASS REGISTRATION FORM

Number of Years taking Dance:

Dancer Name:	First	_		Age:	Gender:
Birthday:	First	Last Food Allergies:			
Parent/Guardiar	Names:				
Parent/Guardian	Cell Phone #s: _				
Address:	Street		Oit.		7:
Emergency Con Names/Phone:			City		Zip
	EMAIL ADDRI	ESS VERY IMPORT	ANT - MAJOR FO	RM OF COMMUN	ICATION
Email:					
CLASSES DANC	ER IS REGISTERING	G FOR:			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
PHYSICAL WAIVER: I understand that <i>Poquoso</i> any personal items brough condition that may affect or	t on the premises by da	ncers or their families. Pa			mises or for loss or damage to Dance Academy of any
In the event of an emergen understanding that the fam			ny to obtain necessary en	nergency medical trea	tment for my child, with the
Please see separate	flyer with registra	ation fee, monthly t		nt/GUARDIAN SIGNATU es, costumes ar	
Example Fees for Registration Fee: Monthly Tuition: Costume Fee: Recital Fee:	\$55.00 per class du \$50.00 deposit – PE	of registration plus first m e the 1 st of the month ER CLASS – due October e – allows admission to u	r 1; balance due Februar nlimited number of family	& friends)	
Lundaratand and agree	to now the food listed		e - Late payments will be	charged an additiona	al fee
I understand and agree	to pay the lees listed	above.			
PHOTO RELEASE: I give Poquoson Dance	Academy permission	n to photograph my chi		NT/GUARDIAN SIGNATI Promoting/publicizir	
YES	NO				
DANCE COMPANY:	<u></u>		PAREN	IT/GUARDIAN SIGNATU	JRE
My dancer is interested	in trying out for the K	Cinetic Energy Dance C	Company.		
YES	NO				