



2016-2017 Fall Registration

Date of Registration: _____ **Email:** _____

Student Name: _____ **DOB** _____ **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**

Friends 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 hereby 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** _____