

DanceArt Centers Registration Form

Return to: 1115 N. Superior Ave, Suite 6, Tomah, WI 54660

Student's Full Name: _____ Date of Birth: _____

Class(es) Registering For: _____

Additional Student's Name: _____ Date of Birth: _____

Class(es) Registering For: _____

Any medical or custodial information we should be aware of?

Parent Name (printed): _____

Address: _____ City, State, & Zip: _____

Primary Phone: _____ E-mail: _____

IN CASE OF EMERGENCY Name & Phone of local friend or relative

(other than above parent):

I agree to pay all required fees and follow class attire and participation policies related to registration at DanceArt Centers. I give approval for photo and video footage which can be used for public reasons. I understand that participation involves natural risks and potential for injury, and will not hold DanceArt Centers, the teachers, or staff responsible for possible injuries during participation. I give permission to provide emergency medical treatment if necessary. DanceArt Centers reserves the right to refuse instruction to anyone not following policies for payment and participation.



Patient signature _____ Date _____

Tuition Selected: Full / Two-Installment / Monthly
Registration Fee: \$15 (\$25 New Family)

Total First Payment: _____

Next Due: _____