

ASHLAND SCHOOL OF DANCE



Registration Form

STUDENT INFORMATION

Name _____

Date of Birth _____ Age _____

Any Health or Physical Restrictions ASOD needs to be aware of?

PARENT/GUARDIAN INFORMATION

Name _____

Address _____

Home Phone _____ Work/Cell _____

E-mail _____

Can we text you if classes are cancelled? _____ Yes _____ No

DESIRED CLASSES

Class Name _____ Day _____ Time _____

Class Name _____ Day _____ Time _____

Class Name _____ Day _____ Time _____

Summer Rate _____ Cash _____ Check# _____

I have read and understand the ASOD 2021 Dance Season Program information and studio policies. I understand that participation in this dance program is voluntary and strenuous, and verify that I and/or my child are physically fit to participate. I waive and release Ashland School of Dance, Instructors, their heirs and their assigns from any and all rights and claims for injuries suffered or medical expenses which may occur as a result in the participation in this dance program.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY RELEASE

I hereby grant absolute right and permission to the Ashland School of Dance to use photographic portraits of my child for illustration, promotion, or advertising purposes.

I have read and agree to the above statement. _____ Yes _____ No

Make checks payable to: **Ashland School of Dance**

All questions regarding tuition and registration should be directed to and registration form sent to:

ASOD 1316 Main St West. Ashland, WI 54806 715-413-1074