

WACONIA DANCE COMPANY 2017-2018 STUDENT REGISTRATION

Student Information

Student Name: _____

Age: _____ Grade: _____ Birthdate: _____

Address: _____

Contact Phone Number: _____

Any Allergies or Physical Conditions: _____

Parent Information

Parents Names: _____ Email: _____

Cell Phone Mom: _____ Cell Phone Dad: _____

Class you are registering for

Class Name: _____ Day: _____ Time: _____

Class Name: _____ Day: _____ Time: _____

Cost: _____

Liability Waiver: The undersigned understands that participation in classes at Waconia Dance Company is voluntary. The Undersigned agrees that Waconia Dance Company shall not be held liable for any claims, injuries, or damages incurred by the participant. The undersigned releases Waconia Dance Company and it's employees from any such claims, injuries, or damages.

_____ Date: _____

Parent/Guardian/Participant over 18 Signature

Photo Waiver: I understand that photos may be taken on occasion to be used for advertising and promotions.

_____ Date: _____

Parent/Guardian/Participant over 18 Signature

_____ Check _____ Cash _____ Credit Card

_____ \$25 Registration Fee

***Please send registration & payment to:**

Waconia Dance Company

209 West 1st Street / P.O. Box 184

Waconia, MN 55387