Dance Creations

For office use only:
Student #:
Family #:
Start Date:

Registration Form: Fall 2009

Date: | E-mail address:

Last Name: | First/ Middle:

Address:

City: | Zip:

Phone #: | Birth date: / / | Grade:

Parents:

Emergency Contact:

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Class Schedule:

Office Use:	Day:	Time:	Class Description:	Studio

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Misc. Information: Please include any medications or allergies pertinent to your child's activities.

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As with any physical activity, there is a risk of injury, please sign below to agree that Dance Creations will not be held responsible for any injuries sustained in or out of the class environment. **Tuition is non-refundable**. **Missed classes must be made up within 4 weeks of absence.** Unless otherwise discussed with Dance Creations' staff. Your signature below acknowledges your agreement to all of the above policies.

( ) Dance Creations has permission to use photographs taken during Dance Creations' performances and events for advertising and web site purposes only.

Parent/Guardian Signature: