

# Dance Art Dance Studio Summer 2009 Registration

## Student:

Last Name	First Name
Last Name	First Name
Last Name	First Name

## Parent:

Parent/Guardian Name

Address

City	State	Zip
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Cell Phone

Home Phone

Medical Alerts or Special Needs: Yes No  
If Yes, please explain.

*Please register by June 10, 2009.*

## Tuition:

<i>5- Week Summer Session</i>	
<i>Total Hours per week</i> _____	\$ _____
<i>Princess Camp</i>	\$ _____
<i>Dance Intensive</i>	\$ _____
<i>Reg. Fee \$5.00</i>	
<i>(New students only)</i>	\$ _____
<i>Total</i>	\$ _____

## Class(es) Enrolled:

Name	Day	Time
Name	Day	Time
Name	Day	Time
Name	Day	Time

*I understand that I, or my minor child will be evaluated by Dance Art instructors and placed in the class appropriate for my age and abilities. Some movement from class to class may occur, however, parents will support the instructor's decision.*

*I understand that tuition is due by the first lesson of the Summer 2009 session and is non-refundable and for the Summer Session only-tuition is prorated due to vacation. This must be done at time of registration.*

*Waiver and Release of Liability: Dance Art Dance Studio is not liable for any injuries and is not responsible for damage or loss of personal property.*

*I give my permission to use my, or my minor child's, photographed image in advertising, brochures, articles in the newspaper, and on Dance Art's website.*

Print Name Clearly

Signature  
(Parent or Guardian if student under 18)

Date

