

DANCE DIMENSIONS REGISTRATION FORM

2010 - 2011

Name		Age	D.O.B.
Address		City	Zip
School Attending	Home Phone	Cell Phone	Work Phone
Names of Parents or Guardians			
Parents e-mail Address		Alternate e-mail Address	Computer OS Type
Emergency Contact & Phone			

Previous Experience

Where (include Dance Dimensions)	How Long
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How did you find out about Dance Dimensions?

From a Friend	Newspaper	Yellow Pages	Web	Google	Yahoo	Other web place?
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Some other way _____

We reserve the right to reschedule classes not meeting minimum enrollment

	NAME OF CLASS	DAY	TIME
1			
2			
3			
4			
5			
6			
7			
8			

Remaining form below to be filled out by staff.

Number of classes being taken

45 min <input type="checkbox"/> 1 hr+ <input type="checkbox"/> 1 1/4 hr+ <input type="checkbox"/> 1 1/2 hr+ <input type="checkbox"/> total <input style="width: 40px;" type="checkbox"/>	Registration Fee: \$ _____ (\$25 individual - \$35 Family)
Check Number: _____	Pre-discount Studio Class(es) Cost: \$ _____ \$47x___ + \$52x___ + \$57x___ + \$62x___
Cash Receipt: _____	Discounted Studio Classes Cost \$ _____ 2-.95; 3-.89; 4-.83; 5-.76; 6-.68; 7-.63; 8-.57
Monthly Fees: _____	Additional family fees: \$ _____ Total Amount Due: \$ _____ Amount Paid: \$ _____ Balance Owed: \$ _____

PLEASE TURN OVER AND READ WAIVER CAREFULLY AND SIGN

DANCE DIMENSIONS LIABILITY WAIVER:

READ AND SIGN BELOW

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS

Student, student's parents or legal guardian, understands and agrees that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury. Student, student's parent or legal guardian agrees, therefore, to assume all risks of any such injury, which might occur during, and all Dance Dimension classes, rehearsals, auditions, performances or any other activities connected with Dance Dimensions. And student, student's parent or legal guardian also exempts, releases, and indemnifies Dance Dimensions, its owners, agents, volunteers, assistants, employees, guest artists and faculty members from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to student's personal property which may arise out of or in connection with participation in any classes or activities conducted by Dance Dimensions whether such loss, damage or injury results from the negligence of Dance Dimensions, its owners, agents, volunteers, assistants, employees, guest artists or faculty members or from some other cause.

Permission is granted to Dance Dimensions to use photographs of students for publicity purposes.

I have also read and understand the policies of Leise Dance Dimensions and agree to abide by said policies.

SIGNED: _____
If under 18, parents or legal guardian must sign

FOR: _____
Name of Student

DATED: _____