

Billing Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____

PLEASE provide us with your e-mail address: _____

Parent 1: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____

Parent 2: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____

Emergency Contact (other than parent) _____
 Phone: _____

Student Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birthdate: _____ School: _____ Grade: _____
 e-mail: _____

Medical Info: _____

Dr. Name: _____ Phone: _____

Classes:

Name	Room	Day	Start Time	End Time	Tuition

Registration Fee: 45.00 per family Total Tuition: _____

Tuition is due on the **FIFTEENTH OF THE MONTH** and will be assessed a **\$10.00 LATE FEE after the 25TH**.
 Any account that faces collection that faces collection will also be responsible for court costs and attorney fees.
PLEASE MAKE SURE TO SIGN THE WAIVER ON THE REVERSE SIDE.

Parent Signature _____ Date: _____

Waiver

Complete and return:

I understand that dance, by its nature, is a strenuous physical activity and carries with it the risk of injury. I understand that it is advisable to check with a physician before participating in dance or any strenuous activity. With those understandings, I release Broomfield Dance, Inc. (dba: Dance Arts Studio), any and all dance teachers teaching at Dance Arts Studio, and/or any student helpers under their direction from any and all liability should my dancer be injured in any way while attending Dance Arts Studio and its related activities.

I approve of Dance Arts Studio using any image in its unaltered state taken of my child to be used for advertising purposes in any media form.

I understand that my dancer must be available for the recital and related rehearsals. I have read and understand the rules and regulations set forth in this document and agree to abide by them.

PERMISSION FOR MEDICAL TREATMENT

In the event that an injury occurs and I cannot be reached, I consent to emergency medical treatment of my dancer.

Dancers Name _____

Parent or guardian signature _____

Date _____