



FALL – RETURNING

DATE: _____

STUDENT NAME: _____

BIRTHDATE: _____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENTS/GUARDIANS: _____

PERSON MAKING PAYMENTS: _____

PAYMENT PREFERENCE: (Circle One): **CASH** (Cash/Check/CC on file before the 10th) **AUTO PAY**

REGISTRATION FEE: _____ (\$25 per student / \$45 per family / \$15 single adult)
(\$10 Processing Fee for a Late Drop / \$10 Re-registration Fee)

ADDRESS: _____

CITY/ZIP: _____

BEST PHONE CONTACT: _____ (Circle) CELL or HOME / MOM or DAD

E-MAIL: _____

EMERGENCY NAME & NUMBER: _____
Other than Best Phone Contact

ALLERGIES/IMPORTANT HEALTH INFO: _____

<u>CLASS / LEVEL</u>	<u>PLEASE CIRCLE DAY</u>	<u>START TIME</u>
CLASS 1: _____	DAY: M T W Th F S	TIME: _____
CLASS 2: _____	DAY: M T W Th F S	TIME: _____
CLASS 3: _____	DAY: M T W Th F S	TIME: _____
CLASS 4: _____	DAY: M T W Th F S	TIME: _____
CLASS 5: _____	DAY: M T W Th F S	TIME: _____
CLASS 6: _____	DAY: M T W Th F S	TIME: _____
CLASS 7: _____	DAY: M T W Th F S	TIME: _____
CLASS 8: _____	DAY: M T W Th F S	TIME: _____
CLASS 9: _____	DAY: M T W Th F S	TIME: _____
CLASS 10: _____	DAY: M T W Th F S	TIME: _____

LIABILITY

*I do hereby waive claims and release **Summer's DanceWorks**, Summer Hinton, staff members, instructors and other personnel from claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either off or on the premises. I/We acknowledge that THE STUDENT will be videotaped or photographed for education, performance, or advertising purposed without compensation.*

My signature affirms that I have read completely the Summer's DanceWorks Liability Statement and agree to the contents.

Signature: _____ **Date:** _____