

VERY IMPORTANT
Please add email below.
No DISD addresses please

DENTON DANCE CONSERVATORY, LLC
Registration Agreement for
FALL 2010 --NEW STUDENTS ONLY

Purpose: Billing statements, class memos,
scheduling changes and newsletters.
↓↓↓ **Thank you!** ↓↓↓

PRE-REGISTRATION FEES: \$20 FOR INDIVIDUALS
\$30 FOR FAMILIES

EMAIL: _____

Student Name: _____ Age: _____ DOB _____

Address: _____ City/St/Zip _____

Parent/Guardian _____ Yrs of Study _____

Home Ph: _____ CELL PHONE _____

Work Ph (MOM) _____ (DAD) _____

How did you find us? Phone book _____ Internet _____ website _____ Sign _____ Referral from: _____

Class Preferences:

- Ballet Tap Combo Ballet/Tap (ages 4&5) (6-7 yrs) Combo Ballet/Jazz (ages 6-7) (ages 7-9)
 Jazz Modern (Contemporary) Pre-Pointe Pointe Pilates Class
 Hip-Hop (Beg-Int ages 11+) HH Teen HH Adv ZUMBA

Enclosed please find my Registration fee in the amount of \$ _____. I understand this fee **is non-refundable** and guarantees my child a place in levels most suited to his/her age and experience.

Liability/Tuition Payment/Model Release:

I grant permission to the staff of the dance school to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent/legal guardian of _____, I agree to hold harmless from any and all liability the school, its officers, employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the school. I understand that it is the school's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/Legal guardians give their permission to the school to use photos and/or video of their child without remuneration in connection with school publications, advertising, TV and news coverage. Registration is for the full mid-August to mid-June dance season and all payments are nonrefundable.

Signature

Parent/Guardian: _____ Date: _____
parent or guardian if under age 18

of Classes: _____ Monthly Tuition: \$ _____

Days & Times of Classes: _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE --->

