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Dance Et Cetera

SUMMER 2019 REGISTRATION FORM

For Office Use Only	
Date	_____
Reg. Fee	_____
Tuition	_____
Costume	_____
Cash	_____
Check #	_____
Comp. Date	_____

PLEASE BE SURE TO COMPLETE AND SIGN BOXED-IN INFORMATION BELOW.

Name _____
 Birth Date _____ Age as of 6/1/19 _____ Grade 2019-2020 _____
 Classes registering for:
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 This registration begins my # _____ years taking dance.

Name _____
 Birth Date _____ Age as of 6/1/19 _____ Grade 2019-2020 _____
 Classes registering for:
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 This registration begins my # _____ years taking dance.

Name _____
 Birth Date _____ Age as of 6/1/19 _____ Grade 2019-2020 _____
 Classes registering for:
 Class Name _____ Day _____ Time _____ to _____.
 Class Name _____ Day _____ Time _____ to _____.
 This registration begins my # _____ years taking dance.

Dance Et Cetera understands that it important to be involved in school extracurricular activities, however, it is important to follow a structured dance program in order to improve. We try our best to schedule around other activities. However, we ask that if you are involved in other activities (dance team, color guard, cheerleading, band, etc...) that you carefully schedule your dance classes so that they will not conflict with your other activities on a regular basis. By signing this form, I give my permission for my child to fully participate in the program activities of Dance Et Cetera without limitation or special accommodations, and I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may arise either directly or indirectly as a result of my child's participation in the program activities, whether caused or occasioned, in whole or in part, by fault or negligence of Dance Et Cetera, It's employees, agents, and/or servants, or due to the fault or negligence of those for whom Dance Et Cetera is providing service. I further understand that this program is operated by Dance Et Cetera, LLC and not by any particular individuals.

Mother's Name _____	Father's Name _____
Address _____	City, State, Zip _____
Home phone # _____	Dad Cell # _____ Dad Work # _____
Mom Cell # _____	Mom Work # _____ Teen Student Cell # _____ (not required)
E-MAIL ADDRESS _____	
*Emergency phone numbers & Contact _____	
Important: Please list any health factors that the instructor should be aware of: _____	
Name and address of person responsible for making payment: _____	
I have read, understand and will abide by the policies of Dance Et Cetera. Enclosed are my registration form and my <u>non-refundable</u> \$25.00 registration fee.	
Signature _____	Date _____