

REGISTRATION FORM

STUDENT NAME _____ BIRTHDAY _____ AGE _____

SCHOOL _____ SCHOOL GRADE _____

CLASS# _____ DAY _____ TIME _____ LEVEL _____ TOTAL NUMBER OF HRS. _____

CLASS# _____ DAY _____ TIME _____ LEVEL _____ REGULAR MONTHLY RATE _____

CLASS# _____ DAY _____ TIME _____ LEVEL _____ YRLY REGISTRATION FEE (per family) **\$35.00**

CLASS# _____ DAY _____ TIME _____ LEVEL _____ TOTAL PAYMENT _____

PARENT NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE () _____ CELL OR WORK PHONE() _____

EMAIL ADDRESS FOR NOTIFICATIONS, EVENTS, AND IMPORTANT INFO _____

HOW DID YOU HEAR ABOUT US? _____ MEDICAL CONCERNS _____

I have read Miller's Dance Studio's Rules and Policies and I accept and agree with them. I hereby release Miller's Dance Studio and its agents or representatives of liability for any personal injury to any student arising out of participation in class or incurred while on the premises of Miller's Dance Studio's. In the event of a medical emergency, I authorize the agents of Miller's Dance Studio to use their discretion in securing treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent/guardian in the event of an emergency. I also agree to permit Miller's Dance Studio's to use my child's photograph(s) for media or marketing purposes by signing this form.

DATE

Signature of Parent or Legal Guardian