

**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**

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**Signature of Parent or Legal Guardian**