

BACK STAGE DANCE CENTER, LLC

"Where it all Begins"

REGISTRATION FORM Summer 2011

DANCER'S NAME _____ BIRTHDATE / /

2ND DANCER'S NAME _____ BIRTHDATE / /

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE# _____ E-MAIL ADDRESS _____

EMERGENCY PHONE# _____ CONTACT NAME _____

Do you check your email regularly? _____

PRIOR DANCE EXPERIENCE _____

INJURIES MEDICAL CONDITIONS _____

PLEASE CIRCLE THE SESSIONS YOU WOULD LIKE TO ATTEND.

TEAM-MUST ATTEND TWO WEEKS

Session 1 (June 21-25) Session 2 (July 12-16) Session 3 (August 15-20)

PLEASE LIST CLASS WITH DAY & TIME (if on the competitive team, write team once)

Class #1 _____ Class #2 _____

Class #3 _____ Class #4 _____

RELEASE OF LIABILITY AND PLEDGE

I, _____ the parent or guardian of _____, a student of Back Stage Dance Center, do hereby release from all liability Back Stage Dance Center, LLC and its staff from all injuries sustained during the course of dance related study on the physical premise of Back Stage Dance Center, LLC, Killingworth, CT. There is a \$30.00 charge for all returned checks. Tuition is non-refundable.

Payment Options (check one)

____ I am new to the studio/have received a complimentary session.

____ I would like to be billed.

____ I would like my credit card billed automatically to receive a discount on tuition.

Credit Card Number _____ Expiration Date _____

Visa or Mastercard _____ Three digit security code (located on the back) _____

Is the billing address for this credit card the same as the address printed above _____

If No, what is the address _____ City _____ Zip Code _____

PARENTS SIGNATURE _____ DATE _____