

THE DANCE SLIPPER REGISTRATION FORM

Name: _____ **Age:** _____

Mailing Address: _____ **Telephone:** (____) _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Parent/Legal Guardian: _____ **Emergency Telephone:** (____) _____

Gender: _____ **Birthdate (MM/DD/YR):** _____ **Alt. Emergency Telephone:** (____) _____

Registering for the following classes: _____

Tuition: _____ **Registration Fee:** **\$20** **Total:** _____

I understand that this application must be accompanied by a **\$20** non-refundable registration fee. September tuition is due prior to the first class. Regular monthly payments will be due the first week of each month. No refunds will be made after the first week of classes except for illness or injury for which a doctor's note is required. The student name on this form attends classes and rehearsals at their own risk and the school will not be held responsible for any injury incurred. The signing of this form constitutes your contract for the full amount of fees as stated above.

I have carefully read this release / authorization and understand all of its terms.

Parent/Guardian or (if over 18) Student: _____