



INSPIRING DANCE

2017-2018 Fall Registration Form



Student's Name: _____ M
 _____ F Age: _____ Grade: _____ Birth Date: _____
Last First

Parent's Names: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ 2nd Email: _____

You will receive emails for important information so please check your inbox often.

Allergies: _____

Are you interested in learning about our competition program? Please circle YES NO
 (If you circled YES, please see the front desk staff for more information)

I, _____, the parent or legal guardian of _____, ("my Child") hereby give permission for my child to participate in all activities with Inspiring Dance LLC. I agree that we will comply with Inspiring Dance's rules, policies and procedures as they exist from time to time. I give permission to Inspiring Dance LLC to use photos and videos of my child for publicity purposes on the Inspiring Dance website, Facebook page, in print ads, brochures, and any other Inspiring Dance LLC ventures. I understand that dance instruction, performance, and related activities involve some risk of injury or harm, and I assume all liability (whether for injuries or otherwise) arising out of my child's participation in any such activities. I agree to indemnify and to hold Inspiring Dance and its owners and employees harmless from and against any and all liability, damages, costs, claims, and expenses incurred by any of them in connection with my child's participation in any Inspiring Dance activity. If Inspiring Dance determines that an injury suffered by my child requires medical attention, I understand that Inspiring Dance will make a reasonable effort to contact me. I hereby give permission for emergency medical treatment to be given to my child by providers chosen by Inspiring Dance, however, if that effort is unsuccessful. By signing below, I further bind myself, my child, and our respective heirs, executors, administrators, successors, and assigns.

Signed this _____ day of _____, 2017. Parent or legal Guardian Signature _____

Class Name	Day	Time	Monthly Price
Total Monthly Tuition			
Registration Fee			\$10.00
Recital Fee Due at Registration - \$100 for 1 st child, \$85 for 2 nd , \$75 for 3 rd (Non-Refundable)			
Total Due at Registration			

I understand that tuition is due on the 1st day of every month. If my tuition is not paid in full **by the 5th of the month** I agree to pay the \$10.00 late fee that will be added to my account. I understand that in order to drop a class, I must turn in a drop class form by the 1st of the month. If the form is received after the 1st of the month, you will still be responsible for tuition of the dropped class.

Signature _____