

# Elizabeth Dance Center---Registration Form 2017-2018

Dancer's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

School Grade Fall 2017 \_\_\_\_\_

Parent's Name \_\_\_\_\_

Sibling's Name (if taking dance also) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Contact Information: Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*\*Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Class(es) Taking: \_\_\_\_\_

## ***Elizabeth Dance Center---LIABILITY WAIVER*** \*must be signed to take lessons\*

My signature below releases *Elizabeth Dance Center*, its officers, directors, staff, employees, independent contractors, volunteer helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, exercise classes, rehearsals, parties, private lessons, performances, field trips, or any function sponsored by *Elizabeth Dance Center*. I understand that dance by its nature is very physical and assumes some risk of injury.

By signing this waiver I've given my permission to allow for my child's picture to be used for advertising purposes and to share on social media. These pictures may be taken at any EDC performance/event.

I agree to hold *Elizabeth Dance Center*, its officers, directors, staff, employees, independent contractors, volunteer helpers, and landlords 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary.

I have listed any special medical problems that I have or my child receiving dance lessons has below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems. My signature verifies that I have read this waiver and agree and accept its contents.

Print & Sign Name \_\_\_\_\_

Date Signed \_\_\_\_\_

Emergency Contact Name/Number \_\_\_\_\_

**MAIL FORM TO:** EDC, Liz Walker, 8363 W. Salem Rd, Lena IL 61048

For Office Use Only:

Dancer's Name \_\_\_\_\_

\$10 Registration Fee--- Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

Tuition Amount Per Session= \$ \_\_\_\_\_

**Session 1**--- Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

**Session 2**--- Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

**Session 3**--- Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

**Session 4**--- Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

**Session 5**--- Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

**Session 6 \*Half Session\***--- Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Paid Cash \_\_\_\_\_ Paid Check # \_\_\_\_\_ Date \_\_\_\_\_