

Billing Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

**PLEASE provide us with your e-mail address:** \_\_\_\_\_  
 \_\_\_\_\_

Parent 1: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_  
 Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

Medical Info: \_\_\_\_\_  
 \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Classes:

Name	Room	Day	Start Time	End Time	Tuition

Registration Fee: 45.00 per family Total Tuition: \_\_\_\_\_

Tuition is due on the **FIFTEENTH OF THE MONTH** and will be assessed a **\$10.00 LATE FEE after the 25TH**.  
 Any account that faces collection that faces collection will also be responsible for court costs and attorney fees.  
**PLEASE MAKE SURE TO SIGN THE WAIVER ON THE REVERSE SIDE.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Waiver**

**Complete and return:**

**I understand that dance, by its nature, is a strenuous physical activity and carries with it the risk of injury. I understand that it is advisable to check with a physician before participating in dance or any strenuous activity. With those understandings, I release Broomfield Dance, Inc. (dba: Dance Arts Studio), any and all dance teachers teaching at Dance Arts Studio, and/or any student helpers under their direction from any and all liability should my dancer be injured in any way while attending Dance Arts Studio and its related activities.**

**I approve of Dance Arts Studio using any image in its unaltered state taken of my child to be used for advertising purposes in any media form.**

**I understand that my dancer must be available for the recital and related rehearsals. I have read and understand the rules and regulations set forth in this document and agree to abide by them.**

### **PERMISSION FOR MEDICAL TREATMENT**

**In the event that an injury occurs and I cannot be reached, I consent to emergency medical treatment of my dancer.**

**Dancers Name** \_\_\_\_\_

**Parent or guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_