

2008-2009 Fall/Spring Registration Form

*If you are an existing student, just fill out the students name and class(es) being taken unless information (address, phone #, etc) have changed.

A \$20.00 registration fee per student is payable at time of registration in order to hold your child's place in the class!

Student Name _____ Birth date ___/___/___
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Evening Phone _____
 Cell phone _____ E-mail _____
 Parent/Guardian name _____
 Person responsible for payment (if different from above) _____
 Emergency contact name: _____ Phone _____
 (Someone other than parent/guardian)
 Are there any medical conditions or allergies the student may have that we should know about?
 If yes, please describe: _____

CLASS ENROLLMENT (please write any additional classes on back of form)

<u>DAY</u>	<u>TIME</u>	<u>CLASS</u>	<u>TEACHER</u>

I have enrolled the above named student in a program of physical activity offered by Simply Dance. I hereby affirm that the above named person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program. I hereby release Simply Dance, the owners/directors Danielle Seidner and Shannon Mackey, or their employees from any liability from any injuries sustained on the premises. By signing below, I hereby affirm that I have read and fully understand and agree with the above waiver. **I have read all policies/terms in full and agree to follow them.** I also understand that by signing below, I agree to pay tuition on a monthly basis and that the only time that amount will change is if I drop/add classes and turn in a new enrollment form. **There will be no refunds or credits for missed classes!**

Signature of parent/guardian _____ Date _____

Did you join us because someone recommended you? _____ If yes, who? _____

How did you hear about us? _____

Checks payable to Simply Dance. There will be a \$25 returned check fee charge.

Auto draft payments –tuition payments may now be taken directly from your account each month. Please complete the section below if you wish to have us withdraw tuition from your account. **We accept only Visa and Mastercard**

Card type _____ Name on Card _____

Credit Card Number _____

Expiration Date _____ CCV Code (3 digit # on back) _____

By signing below I authorize Simply Dance to initiate charges to the credit card noted above for services rendered. I may cancel this agreement at any time by giving 30 days written notice.

Signature _____ Date _____