



# THE DANCE COMPANY

## Registration Form

Dance Year: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Do you have text messaging?  Yes  No      All newsletters & notes by email?  Yes  No

Dancer's Birthdate: \_\_\_\_\_ School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Other Activities: \_\_\_\_\_

Total # of Years Danced: \_\_\_\_\_ Where: \_\_\_\_\_

Day:	Class:	Time:	Fee:

**Registration Fee:**  
\$25 per dancer, \$40 per family  
Due at the time of registration

**Total Monthly Tuition:** \_\_\_\_\_

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### Hold Harmless Agreement

We, the undersigned parent or legal guardian of the student whose name appears above, for and in consideration of the student's participation in the instruction and recreational programs of The Dance Company Studio, Inc., do herewith and hereby agree to indemnify and hold harmless The Dance Company Studio, Inc., its officers, instructors, assistants, helpers, employees and agents from any and all liability, loss or damage, including reasonable attorneys' fees resulting from any claims, causes or action, demands, costs or judgments, against The Dance Company Studio, Inc., its officers, instructors, employees and agents, assistants and helpers from whatsoever extent or nature, any injury, illness or accident, to such student from such student's participation in any way in any program or course of instruction or performance of The Dance Company Studio, Inc.

Name of Dancer: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

### Tuition Payment Options

I will pay tuition by the following method:

\_\_\_\_\_ **Check or cash**, payable on the 1st of each month for 9 months beginning in September and ending in May. Account is delinquent if not paid by the 10th of each month (unless other payment arrangements are agreed upon) and service charges will apply. (Payment booklet available.)

\_\_\_\_\_ **Automatic charge/debit** to Visa, MasterCard or Discover on the 1st or 15th of each month for 9 months beginning in September and ending in May. Forms for automatic payments are available in the office.

**Recital Costumes MUST be paid in full no later than December 1, or we will not be able to order your child's costume with the rest of the class and this may result in additional fees. Deposits during the months of September, October and November are encouraged. We will let you know as soon as we can what your child's costume will cost.**

### Picture Consent

The Dance Company has my permission to use my child's photo in advertising, promotions, the studio's Facebook page or on their website.  Yes  No

**The Dance Company**  
106 W. 3<sup>rd</sup> Street  
Jenny's Cell: (308) 391-0906  
Studio: (308) 389-4416