



FOR OFFICE USE ONLY:

Session: _____

Entered: _____ Filed: _____

PS AB 1st Class TYou

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STUDENT REGISTRATION INFORMATION

NAME _____

BIRTHDATE _____

Number you can be reached at
while your child is in class:

HOME PHONE _____ * CELL/OTHER PHONE _____

WORK PHONE _____

ADDRESS _____

CITY _____, IL ZIP CODE _____

CLASS	DAY	TIME	INSTRUCTOR	TUITION

SUBTOTAL: \$ _____

REGISTRATION FEE: __\$25.00_____

TOTAL DUE: \$ _____

CASH: _____ CHECK #: _____

How did you become aware of Dance Dimensions?

____ NEWSPAPER ____ FLYER ____ PHONE BOOK ____ WEBSITE

REFERRED BY _____

OTHER _____

BILLING CONTACT _____

(if different from above)

ADDRESS _____ PHONE _____

CITY _____, IL ZIP CODE _____

SIGNATURE _____

DATE _____



WAIVER AND RELEASE

AS PARTICIPANT IN A DANCE/JAZZ PROGRAM
WITH DANCE DIMENSIONS

I/We recognize and acknowledge that there are certain risks of physical injury involved with the physical activity of the programs at Dance Dimensions, Inc. I/We agree to assume full risk of all injuries, damages or losses which I/we may sustain as a result of my/our participation in any and all activities of the program. In consideration of receiving permission from Dance Dimensions, Inc. to enter upon the premises of this facility and in Dance/Jazz program., I/we do hereby release Dance Dimensions, Inc. and its officers, agents, owners, servants, and employees from any and all claims for injuries, including death, damages, or losses which I/we may have or which may occur as a result of or on account of my/our participation in the program. We further release Dance Dimensions, Inc. and its officers, agents, owners, servants, and employees from any and all liability, claim, demands, actions, and causes of action whatsoever, arising out of or relation to any damages, or injuries, including death, that may be sustained while in, on or upon these premises.

I/We are fully aware of the risks and hazards inherent upon these premises and/or in participating in any of the activities held on these premises and I/we hereby elect voluntarily to enter upon such premises, knowing their present condition and knowing that said condition may become more hazardous during the time that the undersigned is upon the premises. Each of the undersigned hereby voluntarily assumes all risks, losses, or injury, including death, that may be sustained by any or each of the undersigned while in, on, or upon said premises.

I/We will fully and completely obey the rules, regulations and the policies of Dance Dimensions, Inc. and I/we agree to pay for all programs in which I/we enroll.

I/We have read and fully understand the program details and this waiver and release form.

SIGNATURE _____ DATED _____

SIGNATURE _____ DATED _____