


Absolute Dance
FALL REGISTRATION 2011- 2012

Dancer's name _____ Registration Date _____

Street address _____ City _____ Zip Code _____

Dancer's birth date _____ Dancer's age _____
(As of 12/31/2011)

Mother's Full Name _____ Mother's Cell _____

Father's Full Name _____ Father's Cell _____

Home phone _____ Emergency phone _____

How did you hear about Absolute Dance? _____

Years of experience _____ Where did you study? _____

How many Absolute Dance recitals have you been in? _____

Can we correspond by email? **Yes** **No** Email: _____

I authorize the use of photo images of my child for school brochures or advertising purposes in the sole discretion of Absolute Dance. **Yes** **No**

Are there any known allergies or illnesses we should be aware of? _____

TIGHTS SIZE: _____ EARS PIERCED? YES NO

Please read our studio policy and sign below. You are responsible for knowing and following all policy information. Your registration fee and first month's tuition are due at time of registering. You are responsible for 10 tuition installments (Sept. - June). Your spot will not be held without a signature stating that you have read, understand and agree to the conditions of this contract.

Release of Liability: I, as legal parent or guardian of the above student, authorize his/her enrollment in the above classes and release Absolute Dance, LLC of all liability due to personal injury or loss of property. I have read all the Absolute Dance, LLC Policies and agree to abide by the protocol and etiquette requirements. Absolute Dance, LLC reserves the right to modify the terms and conditions at any time, without written notice.

Signature _____ **Date** _____



FOR OFFICE USE ONLY

Registration fee: _____ \$25 Family Registration fee: _____ \$45
 EARLY REGISTRATION FEE: _____ \$20 EARLY FAMILY REGISTRATION FEE: _____ \$40

Monthly tuition: \$ _____ Paid: 1st Month \$ _____ 1st half \$ _____ Full Year \$ _____
Family monthly tuition rate \$ _____

MILITARY
DISCOUNT

Method of payment: _____ Cash _____ Check
 Receipt number _____

Last name on check(s): _____ staff initials: _____ date: _____

Other dancers included in this payment: _____

Class Schedule:

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____