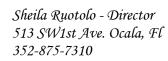




## **REGISTRATION FORM**

Dancer's Name		Age	DOB//				
Home Phone #	Cell #	Work	Work #				
Email	Dancer's	Dancer's email					
Emergency Contact (second	dary parent/guardian plus add	ditional adult):					
Name		Phone	Relationship				
Name		Phone	Relationship				
•	ohysical limitations, special ne		or medications we should				
List your preferred method of	of contact and which times we	ould be best to reach	you:				
Tuition							
<del></del>	of every month. A late fee of \$1 ncur each additional week until	•	ayments made after the 7th.				
There will be a \$30.00 cl	harge for any returned check.						
Payments may be made	at the studio with credit card, o	cash, and/or check.					
Tuition fee is Non-Refun	dable and Non-Transferable.						





Num	nber of classes taken:	O	R	Unlimited Option:	Individual:	Family:		
Mon	thly Tuition:	\$						
Clas	ss attending:							
	DISCLAIMER							
It is your responsibility to notify DBS of any change in the above information immediately to ensure you receive all pertinent communication in a timely manner.								
	Waiver of Liability and Emergency Release							
I will not hold DBS and/or its employees responsible in case of accident or injury as a result of this participation. In case I/we are unreachable, permission is granted to DBS to utilize any medical emergency services that might be deemed necessary to the health and well-being of my son/daughter. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital. I/We assume full responsibility and liability for any and all medical expenses resulting from such care of and to my/our child.								
	I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.							
	I/We further agree to inform the appropriate DBS personnel should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.							
	In the event my child causes any property damage or personal injury, whether individually or in concert with other persons or entities, I/we agree to indemnify and hold harmless DBS, its agents and employees.							
	Parent/Guardian Name <b>(F</b>	Please Print)		Parent/Guardian N	Name (Signature)	Date		