

DANCE DEPOT, USA REGISTRATION FORM

535 Umatilla Blvd
Umatilla, FL 32784

Office Use Only			
Payment Option	Monthly	Quarterly	Full
Classes			
Day	Time	Day	Time

Dancer Information

Last Name First Name Middle

Birth day Age Grade School

Experience

How did you hear about the studio?

Parent or Guardian Information

Name Relationship

Mailing Address

City Zip e-mail

Home phone Work phone Cell phone

Medical Information

Doctor Medicines

Allergies Medical Problems

Terms of Agreement - Please read the following carefully and sign below.

I understand-	the costume payment is included in the monthly tuition.
tuition is DUE the first lesson of each month. If received after the 10th a \$10.00 late fee will be assessed.	no costume refunds will be given.
attendance is important	the recital fee of \$20.00 is included in the monthly tuition, and guarantees 2 tickets to the recital.
there is a \$25.00 returned check fee.	appropriate clothing must be worn and hair must be tied back (see handbook)
no tuition refunds are given without written notice.	

I understand that my child may be photographed and that these pictures may be posted on the studio's website. _____ My child may also be videotaped at the recital. _____ In the event an emergency should occur I hereby grant permission for my child to receive medical treatment by a licensed physician, nurse and/or hospital staff. I understand that payment for these services is my responsibility. _____ I further understand that my child will be participating in dance, which is a physical activity, and injury is possible. I assume all responsibility and risks of injury that may occur. I waive any rights or claims of injury due to my child and I willingly participating in this physical activity. _____

Medical Insurance Co.
Policy #

_____ I understand that I may pay using alternate methods. I so understand that if my payment is not received by the 10th of the month it will be charged the credit card listed.

Credit Card Information

Mastercard VISA Discover American Exp
_____ Exp Date _____ cvc _____
Billing Address _____ I
choose to have my payment debited from my account on the
1st of every month.

Signature Date

Witness