

PRECISION DANCE and School for the Performing Arts

2011-12 REGISTRATION FORM

Student's Name _____

Age _____ Date of Birth _____ Grade _____

2nd Student's Name _____

Age _____ Date of Birth _____ Grade _____

3rd Student's Name _____

Age _____ Date of Birth _____ Grade _____

CONTACT INFORMATION

Parent/Guardian _____

Mailing Address: _____

City, State and Zip Code: _____

CONTACT EMAIL (Required): _____

Student Email (optional): _____

Home Phone: _____ Cell: _____ Work: _____

Student Cell (optional): _____

Emergency Contact: _____ Phone: _____

General Information

Please list any physical limitations or injuries:

Previous years of dance training: _____

PLEASE LIST CLASS SELECTION/SELECTIONS:

Class	Day	Time	Student	Price

RELEASE: As Parent or Guardian by signature below, I hereby authorize the staff of PRECISION DANCE and School for the Performing Arts to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Precision Dance and School for the Performing Arts, its Members and Staff from any and all liability for any injury or illness while traveling to and from, or while at Precision Dance and School for the Performing Arts. Any and all medical expenses incurred will be my responsibility. I have no knowledge of any physical or mental impairment that would be affected by my student's participation in the Precision Dance and School for the Performing Arts program.

Signature of Parent /Guardian

Date

REGISTRATION FEE (Non-refundable): \$25 Per Student_____ + \$10 for each additional family member
\$30 per Family_____ + \$10 for each additional family member

PAYABLE BY: Check_____ Cash_____ Credit Card_____

CC #:_____ EXP. DATE:_____ NAME AND BILLING ADDRESS of
cardholder:

Mail To: PRECISION DANCE and School for the Performing Arts, 1129 Trotwood Avenue, Suite 22,
Columbia, TN 38401.