

DANCEOLOGY DANCE STUDIO
dmkdanceology@gmail.com
2016-17 REGISTRATION FORM

Student's name _____

Address _____ City _____ Postal code _____

Home phone _____ cell _____ Birthdate _____

Grade in school _____ School attending _____

Email address _____

(emails are used to update parents on rehearsals, costumes, accounts, and events. Please provide an email that is checked often. **PLEASE print clearly.**)

Mother's name _____ Home phone _____ Cell _____

Father's name _____ Home phone _____ Cell _____

Emergency contact _____ Phone _____

How did you hear about us: _____

CLASSES FOR 2016-2017 SEASON:

Day(s) student is NOT available: MON ___ TUES ___ WED ___ THR ___ FRI ___ SAT ___ SUN ___

Payment method:

Cheque _____ Cash _____ Debit _____

Visa _____ - _____ - _____ exp ____/____ 3 digit code _____

Full tuition/costumes: Full _____ Quarterly _____ 10 monthly installments _____

Signature _____

*If paying by visa and by signing below, I allow payments to be taken by the 1st through the 10th of every month as well as costumes, late fees, registration fees or any fees that is outstanding on my account. I understand that lessons must be paid for the entire season of September through June. Payment options are offered for the entire year, quarterly or in 10 installments for your convenience. The prices are not based on the number of classes per month. Tickets for the year end Showcase/DVD's and photos are NOT included in fees.

We, the staff at Danceology, recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release Danceology and all of its employees from all claims on account of any injury, which may be sustained by your child while attending any dance class, event associated with Danceology or outside performance. In signing this waiver, you also acknowledge your responsibility in paying tuition, any associated costumes, entry fees for competitions and all other communicated costs involved. In the event of an injury which appears to be serious at any activity and during which the parent or guardian cannot be reached by phone, the staff at Danceology supervising the activity may authorize immediate medical attention by qualified persons.

I hereby agree to the above statements and certify the information given to be true.

Dated _____ Signature _____