

Student's Name: _____ Birth Date: _____ School Grade-Sept: _____

Street or P.O.: _____ City: _____ Zip Code: _____

Parent/Guardian: _____ E-mail: _____

Phone: _____

Food Allergies/Medical Conditions:

DDC Company Intensives: ___ Junior/Senior Dance ___ Petites ___ Jr Acro ___ Sr Acro ___ Tap ___ Hip Hop ___ Modern

Camp: ___ I Want it ALL ___ Super Hero ___ Encanto ___ Girl Power 7-10 ___ Girl Power 9+ ___ Movie Magic ___ Acro 1-3 ___

Pre-Tumbling ___ Tumbling ___ Elite Tumbling ___ Boot camp Week 1 ___ Boot Camp Week 2

6 Week Classes—Please list class name and day/time:

Private Lessons: (Preferred Style/Day/Time): _____

Office staff will contact you to schedule private lessons.

I agree to be responsible for payment of full tuition for all classes reserved for Enrollee. **I agree to pay for all classes reserved by me, whether utilized by Enrollee or not.** I understand that there are **NO REFUNDS & NO CREDITS** on registration fees or tuition pre-paid. In addition, any check returned to the school for insufficient funds will be subject to a \$30.00 service charge.

I hereby release and hold harmless Doreen's Dance Center, its owners, employees, instructors, agents, directors and volunteers from any claims, demands, liability, harm or damage which may result to the Enrollee while enrolled as a student of this school, and including all risks connected therewith. I fully understand that I assume all risks in connection with enrolling and participating in the activities of Doreen's Dance Center. I understand that any activity which involves motion, rotation, height or inversion may cause serious accidental injury. I further certify that Enrollee is not suffering from any physical condition or disease which might increase the risk of injury or accident by participating in the activities of Doreen's Dance Center. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I hereby certify that I am the legal guardian of the Enrollee (if under 18) and am authorized to sign on his/her behalf. I certify that I possess and agree to use the following personal insurance to cover any medical emergency that may arise from participation in classes at Doreen's Dance Center. I understand that photos may be taken and used for advertising purposes.

Insurance Co. _____

Policy/Group No. _____

Signature: _____

Registration will not be processed without payment.