

A Dancer's World

Dancer's name _____ Age _____

Address _____ City _____ Zip _____

Parents _____

Birthdate _____ Siblings in dance _____

Mother's home phone _____ Work phone _____ Cell phone _____

Dad's home phone _____ Work phone _____ Cell phone _____

This will be my child's _____ year in dance

Email address _____

Previous dance school _____

List ONE day or time that you cannot CANNOT attend _____

What is the earliest time of day that your child can attend class? _____

Any Medical Conditions? () NO () YES If yes, please explain _____

I'm interested in my child taking:

Tap/Jazz

Lyrical
(6 & up)

Hip-Hop
(5 & up)

Technique
(6 & up)

RELEASE FORM

I/we, the undersigned, being the parents and/or legal guardian of the below named child do hereby agree to hold Tessa Johnson and her teachers (DBA a Dancer's World) free and harmless from any injuries which the below named child may incur as a result of taking dance steps taught. These steps do have an element of risk involved. Being advised of such we hereby reiterate to hold A Dancer's World and their teachers free, clear and harmless from any of these risks and do hereby expressly assume these risks on behalf of our children. I understand that I am responsible to pay my account by the 1st dance class of each month from September to June and that all fees are nonrefundable. I also understand that if my child drops from enrollment at A Dancer's World after January 1st, I am responsible for all fees charged until the recital in June, including but not limited to tuition each month.

Child's name _____

Parent's Signature _____

Registration Fee _____ Cash Check

Tuition Fee _____ Cash Check

DO NOT WRITE BELOW THIS AREA

Codes _____ Class Numbers _____

Junior Demo _____ Senior Demo _____ Sibling Name _____