

2008-2009 Dancin' Feet Registration Form



Student Name: _____ # _____
 Guardian Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____
 Phone #: _____
 Student Birth date: ____/____/____ Age: _____ Current Grade: _____
 # of years danced at Dancin' Feet: _____ # of years of dance: _____
 Email Address: _____ Registration date: _____

Class #	Description	Day and Time	Session	Tuition
Class: _____				
Class: _____				
Class: _____				
Class: _____				

Payment: _____ **Date:** _____

We except: Visa, Master card, Cash or check
 Make checks payable to : Dancin' Feet (There is a \$20.00 fee on returned checks.)

Medical/Behavior Information:

Please list any medical information or behavior concerns that you feel would be helpful or necessary for the class dance instructor to know. Also please note if there is a specific way you would like for us to handle this situation.

PHOTO RELEASE

The above named student may have their photo printed in publications and news articles for Dancin' Feet Dance school. It is understood that there will be no monetary compensation for use of these photo's. Photo's may be used in media, Educational, and advertising materials. Photo's may also be posted on the Dancin' Feet Website.

_____ I agree to release dance pictures of the above stated participant.

_____ I do not agree to release dance pictures of the above stated participant.

*** Please initial one of the above.**

Limitation of Liability

The undersigned parent, legal guardian, or participant acknowledges that even though every effort is made at Dancin' Feet Dance School to provide a safe, accident-free environment, incidents may occur. I being 18 years of age or older do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless the aforementioned organization, directors, employees, and agents from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child or self is participating in, going to, or coming from any activities under the direction of above described organization.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in, recreating and work activities involved therein.

I further assert to the fact that the participant is in proper physical condition to participate in any and all activities, as stated by a physician, at the aforementioned organization. I have read, understand and will abide by the policy set forth by Dancin' Feet Dance school.

_____ Date: _____
 Signature of parent/guardian/participant(if over 18)

Dancin' Feet Dance School, LLC
13783 Ibis St. NW, Suite 600, Andover, MN 55304
Phone: (763) 433-9332
Fax: (763) 753-8071
E-mail: dancinfeetdance@yahoo.com