

THE DERRY DANCE CENTER

Summer Dance Arts 2009 Registration Form

Students Name: _____ Date of Birth: _____

Parents Names: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

E-Mail: _____

Previous Training and Studio(s): _____

Please list any physical limitations, if any: _____

Program or curriculum choices:

Combination Ballet & Jazz: _____ Beginning Hip-Hop : _____ Intermediate Hip-Hop: _____

Teen Hip-Hop : _____ Open Ballet : _____ Open Jazz : _____ Open Modern: _____

Theater Camp: _____ DANCEcamp Session 1: _____ DANCEcamp Session 2: _____

Minds in Motion (Creative Dance): _____ Costume Construction: _____

Adult Hip-Hop: _____ Adult Jazz : _____ Adult Ballet : _____

Ballet Arts Summer Course: 1 Week: _____ 2 Weeks: _____ 3 Weeks: _____

Emergency Information:

Who, if a parent is not available, should be notified in the case of an emergency?

Name: _____ Phone: (____) _____ - _____.

Please Complete Both Sides Of This Form!

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Full tuition payment is due upon registration for all programs. Prepaid tuition is non-refundable.
You may register my mail or by visiting the Derry Dance Center offices.

Please make all checks payable to: Derry Dance Center

Payment Options (Please check one):

Check: _____ Cash: _____ Visa: _____ MasterCard: _____

Card Number: _____ Expiration Date: _____

Total Due \$ _____ Amount Enclosed: \$ _____

Please read the following carefully before you sign this form!

RELEASE FROM LIABILITY: I do hereby release the Derry Dance Center and anyone employed by the Derry Dance Center from any liability occurring on or around the studio premises, or at any function held at other locations in connection with dance classes in which the students(s) named above is/are enrolled.

AUTHORIZATION FOR ENROLLMENT: I authorize the Derry Dance Center to enroll the student(s) named on this form in dance classes, and I accept responsibility for the payment of tuition for those classes for which the student(s) is/are registered. **A \$25.00 charge will be billed to the account for any checks returned to Derry Dance Center.** I understand that classes with an enrollment of less than five (5) pupils are subject to cancellation. No credit will be given for missed classes, no exceptions.

I understand that registration fees and pre-paid tuition are non-refundable and that there are no refunds or deductions for classes not attended. I understand that teachers are only responsible for students during class time.

Signature: _____ Date: _____