

Dance Kraze

Fall/Spring Registration Form 2016-17

For Office use
Only

Date _____

Payment Amount

\$ _____

Cash
Check #
Credit

Received by

Student Name: _____

Parent(s)/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Today's Date: ____/____/____ Birthdate: ____/____/____ Age: ____

How did you hear about us? _____

Class(es):

<u>Day</u>	<u>Time</u>	<u>Class</u>	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As a legal guardian of this participant I hereby consent to the above person participating in Dance Kraze programs. I recognize that potential injuries can occur in any activity while in class.

I understand that it is the expressed intent of Dance Kraze to provide for the safety and protection of my child. In consideration for allowing my child to participate, I hereby release Dance Kraze, it's employees and teachers from all liability for any and all injuries suffered by my child while under the instruction or supervision of Dance Kraze.

As legal guardian of the above person, I hereby agree to individually provide for any possible future medical expenses, which may be incurred by my child as a participant of Dance Kraze.

Having thoroughly read this Acknowledgment of Risk and Waiver of Liability and understanding it completely as to its content and intent, I give my signature to this document in order for my child to participate in activity at Dance Kraze.

Parent or Guardian Signature: _____ Date: _____