

2010 SUMMER REGISTRATION FORM

Dancer's Name: _____
Dancer's Birthdate (if Under 18): _____
Parent's Name/s: _____
Address: _____
Home Phone: _____ **Cell Phone:** _____ **Work/Other Phone:** _____
Email Address: _____
In case of an Emergency, please contact: _____
Phone: _____

Please list any medical conditions, medication, allergies, etc: _____

Would you like to receive notices via email? Yes No
Would you like to be added to our mailing list? Yes No
How did you hear about us? _____

Classes Registering For:

<u>Camp/Class</u>	<u>Dates/Day</u>	<u>Full/Half Day or Time of Class</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If more lines are needed, please continue to back and indicate with an arrow

Drouin Dance Center is not responsible for any lost or stolen personal property on the premises.

Drouin Dance Center does not provide insurance coverage for its students. Students are responsible for their own medical insurance and we require that all of our students be covered by a medical insurance policy.

We at Drouin Dance Center make every attempt to provide our students with proper training and a safe environment. Students and their parent/s and/or guardian/s assume the risk involved with any injuries that may occur as a result of taking part in a dance class, and Drouin Dance Center and its instructors and staff are not responsible for injuries received as a result of the student's participation. Should a severe injury occur, the contact listed above as the Emergency Contact Person will be notified. The Emergency Contact Person should advise Drouin Dance Center if an ambulance should be called in the event of an extreme injury.

By signing below, you consent to and understand all Policies of Drouin Dance Center, and give consent for you or your dancer to take part in the dance classes and/or camps listed above..

Payment Method (Payment must be enclosed with registration form)

Cash or check enclosed
 Please charge tuition to my credit card:

Circle one: VISA MC American Express Discover

Card Number: _____

Expiration Date: _____ **V Code:** _____ **Billing zip code:** _____

Name as it appears on card: _____

Total Tuition: \$ _____

Signature of Student or Parent (if Student is Under 18)
Printed Name: _____

Date: _____