

Dancin' Feet Dance School Registration Form

Student Name: _____ Registration Year: 2020-21
 Guardian Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____ Phone #: _____
 *Text Message Phone #: _____ Phone Carrier: _____
 Student Birth date: ____/____/____ Age: _____ Current Grade: _____
 # of years danced at Dancin' Feet: _____ # of years of dance: _____
 *Email Address: _____

DAY	TIME	STUDIO	DESCRIPTION	TUITION	\$35.00 Reg. Fee Fall Session only
Class: _____					
Class: _____					
Class: _____					
Class: _____					

Payment: _____ Date of payment: _____
 We accept: *Visa, Master card, Cash or check.*

Make checks payable to : Dancin' Feet (There is a \$20.00 fee on returned checksL

***Fill out for Credit Card Payment**

One time: _____ **Continuous Auto Withdraw:** _____
Check one of the above
 Credit card payment:
 Credit card # _____
 Expiration date: _____ CCV: _____
 Name as it appears on card: _____
 Billing Zip Code: _____
 Amount to be charged \$: _____
 Signature: _____
 Print Name: _____
 I agree to pay the above dollar amount.
***There is a 3.5% service fee for all credit card payments**

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 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.

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 or in association with the 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 and understand the Dancin' Feet Dance School Policy.

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

Printed name

Dancin' Feet Dance School, 13783 Ibis St. NW, Suite 600, Andover, MN 55304
(763) 433-9332 school

E-mail: dancinfeetdance@yahoo.com Website: www.dancinfeetdance.com

