



# 2018-2019 RECREATIONAL REGISTRATION FORM

DANCER NAME: \_\_\_\_\_

BIRTHDATE: ( MM / DD / YYYY ) AGE (AS OF SEPT 1<sup>ST</sup>): \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ PC: \_\_\_\_\_

EMAIL #1: \_\_\_\_\_

EMAIL #2: \_\_\_\_\_

(We communicate mostly through email. Please check these emails weekly.)

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

FEES: PAYABLE BY CASH, CHEQUE, DEBIT, AND CREDIT

REGISTRATION FEE: \$25.00 (\$15.00 for additional siblings): \$\_\_\_\_\_

PHOTO DEPOSIT FEE: \$\_\_\_\_\_

*Post-dated for March 1<sup>st</sup>, 2018*

**OFFICE USE ONLY:**  
DATE/DETAILS PRE AUTH ENTRY: \_\_\_\_\_

**OFFICE USE ONLY**

<input type="checkbox"/>	Reg fee
<input type="checkbox"/>	PREauth
<input type="checkbox"/>	Policy.
<input type="checkbox"/>	Photo Dep.
<input type="checkbox"/>	Entered in
	Compuance
	Date: _____

DAY OF WEEK	CLASS	TIME	HOURS/CLASS

TOTAL HOURS/MONTH: \_\_\_\_\_

PROMO (IF APPLICABLE): \_\_\_\_\_

TOTAL MONTHLY TUITION: \_\_\_\_\_

**POLICY WAIVER:**

I, \_\_\_\_\_, the undersigned, for myself, heirs, executors, and administrator – waive and release any and all rights for personal injury, loss, or damages I may have against Danceworx and their respective agents for any and all injuries suffered by my use of their facility. I agree to follow the policies of the studio as outlined and hereby agree to the above contract between Danceworx and myself.

I have read and accept the Policy Statement for Danceworx on MM/DD/YYYY for the 2018-2019 Dance Year, which includes dress code, billing obligations, attendance policy, and more.

Signature of the Parent/Guardian: \_\_\_\_\_

Signature of Danceworx Representative: \_\_\_\_\_