

Please fill out form in its entirety & read & sign back.

TECHNIQUES DANCE CENTER REGISTRATION FORM 2019-2020

Family Information

Family Last Name: _____

Street Address: _____ Town: _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-Mail _____

Parent/Guardian Name : _____ Emergency Name & Phone: _____

Student Information

<u>Student 1</u>	<u>Student 2</u>	<u>Student 3</u>
Name: _____	Name: _____	Name: _____
Birth date: _____	Birth date: _____	Birth date: _____
This is your _____ year at Techniques?	This is your _____ year at Techniques?	This is your _____ year at Techniques?
Medical Comments: _____ _____	Medical Comments: _____ _____	Medical Comments: _____ _____
Classes:	Classes:	Classes:
1. Day _____ Time _____ Type _____	1. Day _____ Time _____ Type _____	1. Day _____ Time _____ Type _____
2. Day _____ Time _____ Type _____	2. Day _____ Time _____ Type _____	2. Day _____ Time _____ Type _____
3. Day _____ Time _____ Type _____	3. Day _____ Time _____ Type _____	3. Day _____ Time _____ Type _____
4. Day _____ Time _____ Type _____	4. Day _____ Time _____ Type _____	4. Day _____ Time _____ Type _____
5. Day _____ Time _____ Type _____	5. Day _____ Time _____ Type _____	5. Day _____ Time _____ Type _____
6. Day _____ Time _____ Type _____	6. Day _____ Time _____ Type _____	6. Day _____ Time _____ Type _____

For Techniques Processing Only

1 st Month Paid: \$ _____	Reg. Fee: \$ _____	Date: _____	Processor's Initials _____
May Paid: \$ _____			
Method: Check # _____	Cash _____		Amount due Monthly: _____

STUDENT RELEASE FORM

I assume full responsibility and risk of bodily injury for the student enrolled at Techniques Dance CENTER, Ltd. Our staff exercises the utmost care in working with the students. Our goal is to provide a safe and accident free environment; however in the event of any bodily injury, I release Techniques Dance CENTER, Ltd. and the instructors from all liabilities. I have read and voluntarily sign this release form.

Parent/Guardian: _____ Date: _____

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**FINANCIAL RESPONSIBILITY**

I accept full financial responsibility for all related costs during the 2019-2020 dance season at Techniques Dance CENTER, Ltd. These costs include registration, monthly tuition, late fees (if applicable), costume expenses, and recital fee expenses. I understand that if my account becomes delinquent, the student will not be able to participate until the account is current. I understand my monthly tuition payment is for the entire month, regardless of the number of classes held. If a class is not held for any reason, no refunds will be given. I understand that the class can be made up in another class if necessary. I understand accounts paid in full at the time of registration may not be refunded after December 1, 2019. I understand that I register for the 1<sup>st</sup> month, May & a non-refundable registration fee. I understand that after 4 weeks of classes, my May tuition is non-refundable.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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PERMISSION FOR RECITAL

I give my permission for the applicant to participate in the Techniques Dance CENTER, Ltd. recital at the Tilles Center on Saturday, May 16th 2020. I understand that this involves extra rehearsals and a dress rehearsal prior to the performances. I understand my child/children may not be in the same show & that my child/children (with the exception of Pre-K) will not be released until the end of the performance.

Parent/Guardian: _____ Date: _____