

**Please fill out in its entirety and read & sign the back**  
**TECHNIQUES DANCE CENTER**  
**FALL CLASS REGISTRATION FORM**

**Family Information**

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent/Guardian Name : \_\_\_\_\_ Emergency Name & Phone: \_\_\_\_\_

<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 <sup>st</sup> 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: \_\_\_\_\_

~~~~~ FINANCIAL

**RESPONSIBILITY**

I accept full financial responsibility for all related costs during the 2023-2024 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, 2023. 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: \_\_\_\_\_

~~~~~ PERMISSION

**FOR RECITAL**

I give my permission for the applicant to participate in the Techniques Dance Center, Ltd. recital at (date & location to be confirmed). 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 Tiny Dancers) will not be released until the end of the performance.

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