

Amanda's Dance Express L.L.C. – Registration Summer 2024

<i>Student's Name</i>	<i>Date of Birth</i>	<i>Age</i>
<i>School Attending</i>	<i>Grade</i>	
<i>Parent (responsible for payment)</i>	<i>Relationship</i>	<i>Cell Phone</i>
<i>Parent (secondary)</i>	<i>Relationship</i>	<i>Cell Phone</i>
<i>Home Address</i>	<i>City</i>	<i>State</i>
<i>e-mail</i>	<i>Home Phone</i>	
<i>Emergency Contact/Relationship</i>	<i>Cell Phone</i>	<i>Work Phone</i>

Please describe any information that we will find helpful in working with your child or any physical/medical conditions we should be aware of.

Title of Class	Please Circle Day	Class Start Time	Class Length
1.	M T W T F S		
2.	M T W T F S		
3.	M T W T F S		
4.	M T W T F S		
5.	M T W T F S		

Office Use Only

New Student

Returning Student

Continuing Student

Weekly # of classes _____

Session Tuition _____

Registration Fee _____

Total Due _____

Amount Paid _____

Start Date _____

Dance Year _____

By _____

I/We have voluntarily enrolled the above named child in Amanda's Dance Express L.L.C. and hereby consent to his/her participation. I/We are responsible for the payment of tuition and fees in a timely manner. I/We have reviewed all of the policies listed on page two of this form (if printed from the website Studio Policies) and agree to all of them.

I/We hereby release, waive, discharge, and indemnify Amanda's Dance Express L.L.C., its affiliated organizations and independent contractors, employees, instructors, representatives, assigns, owners, and/or tenants of the improvements and facilities wherein the classes or performances are conducted and all the persons, firms, entities, and corporations, from any actions, suits, damages, claims, or judgments that may result from any and all injuries, accidents, or loss.

Signed: _____

Name (printed): _____ ***Dated:*** _____