

# Dawson Dance & Theatre Academy

## Home of the STARS!

### Registration Form

Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent Cell Phone #'s \_\_\_\_\_

Parent Names \_\_\_\_\_ Work Phone # \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address (will not be released outside of DDA) \_\_\_\_\_

Grade in School \_\_\_\_\_ School Name \_\_\_\_\_

Dancers Health Insurance Name and Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Previous Dance/ Acting/ Cheer Training- # of Years \_\_\_\_\_ Studio Name \_\_\_\_\_

How did you hear about us? Please place a check on the line that applies-

-Returning Student \_\_\_\_\_

-Flyer \_\_\_\_\_

-Friend \_\_\_\_\_ Name \_\_\_\_\_

-Internet \_\_\_\_\_

-Telephone Book \_\_\_\_\_

-Other \_\_\_\_\_

Classes Chosen for this school year \_\_\_\_\_

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Registration fee (due once a year) \$ \_\_\_\_\_

Last Month Tuition-May 2009 \$ \_\_\_\_\_

First Month Tuition \$ \_\_\_\_\_

**Total Amount Due \$ \_\_\_\_\_ Cash, Check or Credit Card**

I hereby acknowledge in consideration of my child's participation in the Dawson Dance and Theatre Academy's program that Jennifer Dawson-Waz, the DDA studio and its instructor's will not be held liable for ANY injuries sustained on the studio's premise or premise of the end of the year recital. Furthermore, I hereby waive and release any claims for damages including injury to my child or myself resulting from any act or failure to act by DDA and its representatives.

Legal Guardian or Student Signature (Over 18 years old) \_\_\_\_\_

Date \_\_\_\_\_