

**DAWSON  
DANCE ACADEMY**  
**Home of the STARS!**

Registration Form

Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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

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

Parent Name(s) \_\_\_\_\_ 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 \_\_\_\_\_

Policy # \_\_\_\_\_ Ins. Phone # \_\_\_\_\_

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 \_\_\_\_\_ Who can we thank for your referral? \_\_\_\_\_

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

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

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

Able to be a parent volunteer throughout the school year ? YES \_\_\_\_\_ NO \_\_\_\_\_

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

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Annual Registration fee \$ \_\_\_\_\_

Last Month Tuition-May 2012 \$ \_\_\_\_\_

First Month Tuition-Sept 2011 \$ \_\_\_\_\_

**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, myself or family members resulting from any act or failure to act by DDA and its representatives.

Date \_\_\_\_\_

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