

**ASHLY'S DANCE CENTER
DANCE REGISTRATION FOR THE 2010 - 2011 SEASON**

Dancers Name _____ Dancer's Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Guardian's Name _____

Parent's Place of Employment _____

Home Phone _____ Cell _____ Work _____

E-Mail Address _____ Grade in School (2010-2011) _____ Age _____

Do you want notes, letter, newsletter and statements by e-mail only (going green!)? Yes No

Past Dance Experience _____

PERSON TO CONTACT IN CASE PARENT OR GUARDIAN IS UNAVAILABLE		
NAME _____	RELATION _____	PHONE _____

Please list any medical conditions that Ashly's Dance Center should know about _____

I grant permission to the staff of the dance school to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the school. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent/legal guardian of _____, I agree to hold harmless from any and all liability the school, its officers, employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the school. I understand that it is the school's policy that while under the supervision of the school no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/legal guardians give their permission to the school to use photos and or video of their child without remuneration in connection with school publications, advertising, tv and news coverage. Registration is for the full September to June dance season and all payments are nonrefundable.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Registration Fee of \$15.00 is enclosed _____

Please list the classes you would like to be enrolled in (circle)

Jazz/Tap(K-2nd) Ballet/Tap (5 years old- 2nd Grade) Creative Movement (3-4 years old)*

(3rd Grade & Up) Jazz Tap Ballet Pointe** Hip Hop

* Must be 3 by December 31, 2010 **With Instructor's Permission

Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____
Class: _____	Day: _____	Time: _____