

Divine Dance Arts, LLC Registration

Student Name _____ Home Phone _____
Home Address _____ City & Zip _____
Birthdate _____ Age _____

Family Discount: Please fill out a separate Registration form for each student.

Mother/Guardian Name _____ Work# _____
_____ Cell# _____
Father/Guardian Name _____ Work# _____
_____ Cell# _____

Required Contact's E-Mail _____

****Emergency Contact if parents cannot be reached****

Contact Name: _____ Phone# _____

Class Selections

Name of class	Day	Time
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

How did you hear about us? _____

Code of Ethics – I agree that my child and I will be accountable to the standards of attendance at Divine Dance Arts. I understand this dance school seeks dedicated and passionate dancers and it is my responsibility to make sure my child and I are accountable and respectful towards showing up for class and showing up on time.

Yes or No _____

Waiver – I understand that physical activity in dance class involves a certain amount of risk and I release Divine Dance Arts, LLC and its instructors and staff from all liability against any and all claims, actions, cause of action, damages, costs, liabilities, expenses, or judgements, including attorney fees, and court costs, arising from the above student's participation in the program. I hereby execute this waiver and release form to Divine Dance Arts, LLC and permit my child to participate in their program.

Parent Signature _____ Date _____