



2007-2008 REGISTRATION FORM

- (1) Student's name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
(2) Student's name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
(3) Student's name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
(4) Student's name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent's /legal guardian's names \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Phone \_\_\_\_\_

Does the student have any allergies, ailments, or restrictions? Yes / No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please make sure you have fully read through and understand our studio policies.

I, the undersigned, understand and agree that I shall not hold **Dance Fusion Studio Inc.**, its staff, and/or volunteers responsible in any way for any injury or accident which might occur during classes or any function of said **Dance Fusion Studio Inc.** I assume all responsibility for any damages my child may cause on the **Dance Fusion Studio Inc.** premises. The above statements also apply if I, the undersigned, am on the premises of **Dance Fusion Studio Inc.** I UNDERSTAND THAT ALL TUITIONS ARE DUE THE FIRST CLASS OF THE MONTH AND PAYMENTS ARE EXPECTED REGARDLESS OF STUDENT ATTENDANCE. (STUDENTS CANNOT SKIP MONTHS.) MAKEUP CLASSES ARE AVAILABLE FOR MISSED CLASSES. I have read and understand all the policies of **Dance Fusion Studio Inc.** and understand that they must be followed in order to participate in any of **Dance Fusion Studio Inc.'s** Classes.

\_\_\_\_\_  
Signature of parent or legal guardian, if student is under 18yrs, or student over 18yrs Date \_\_\_\_/\_\_\_\_/\_\_\_\_