



Epic Dance Center

REGISTRATION FORM 2011-2012

Dancer's Name: _____

Dancer's D.O.B & Age: _____

Dancer's Gender: _____ Male

_____ Female

Address: _____

City / State / Zip: _____

Contact Phone Number (s) : _____

Parent(s) Name(s): _____

Email Address: _____

Emergency Name / Contact Number: _____

Allergies / Health Condition: _____

****In consideration of the dance lessons afforded to me under this agreement by EPIC DANCE CENTER INC and in recognition of the physically strenuous nature of dancing; I hereby consent and wish my child (s) to participate in the scheduled classes. I hereby knowingly, freely, and voluntarily release EPIC DANCE CENTER INC from any and all liability and waive any claim for injury that might have been forestalled, foreseen, determined, anticipated or uncovered by a physical examination, and accordingly do agree to hold harmless and indemnify the EPIC DANCE CENTER INC for any such condition which could or would have been discovered by a physical examination.**

*****I understand that the obligation to pay all fees described in the policy is unconditional. No portion of this fee paid or outstanding is refunded in the event of absence, withdrawal, or dismissal of a student from the school.**

******I agree to pay all incidental expenses as incurred by this student which include but are not limited to, costumes, dancewear, tickets, optional trips, and special events, etc. Please note that late payment of tuition fee and other expenses is subject to a finance charge. I further agree to pay any reasonable costs including attorney fees associated with the schools' effort to collect funds due to it under the terms of this contract.**

******* *Name & Image Release:* Epic Dance Center may use visual/audio and photographic images and names of students from the studio engaged in dance lessons, rehearsals, recitals and /or other performances for advertising and promotional purposes including but not limited to print media, advertising materials and the Internet. Please check below indicating your permission for Epic Dance Center to use your child's image and or name. List any specific exclusions below.**

I DO grant permission to use my child's name and/or image I DO NOT grant permission to use my child's name and/or image

Epic Dance Center may only use my child's (please circle all that apply) IMAGE NAME

In this manner: _____

Student Name (Print) _____

Parents Signature _____

Classes Registering for:

TAP _____ HIP HOP _____ SCHOOL AGE COMBINATION (5-6 YEARS OLD) _____
JAZZ _____ ACRO/TUMBLING _____ PRE-SCHOOL COMBINATION (3-4 YEARS OLD) _____
BALLET _____ CHEERDANCE _____ TECHNIQUE (NON-PERFORMING) _____
POINTE _____ CONTEMPORARY _____

ADULT 6 WEEEK PROGRAMS:

HIP HOP _____ BALLET _____
PILATES _____ TAP _____
JAZZERCISE _____ ZUMBA _____

DANCERS EXPERIENCE (IF ANY) _____

Office Use Only

Monthly Tuition Amount _____
Registration Fee Paid _____
Other Payment _____ for _____

Class Day and Time _____

Comments: _____