

# SUMMERDANCE 2017

Date \_\_\_\_\_

Please fill out completely - mail or bring it by the studio. Summer registration fee is \$15 for an individual or \$20 for a family, include registration fee in your tuition check. The Dance Center, 56 W. 6th St. Santa Rosa, CA 95401, (707) 575-8277. Need help with class placement or levels? Give us a call. Thank you! **One form per dancer.**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Parents' names \_\_\_\_\_  
if a minor

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

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Main/parents' email: IMPORTANT! Print clearly: \_\_\_\_\_

I am a: \_\_\_\_\_ CONTINUING STUDENT \_\_\_\_\_ New student Date of birth \_\_\_\_\_  Female  Male

Previous dance experience & no. of years: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

I am registering for the following dance classes:

Class Day & Time	Name of Class	Class Length (1 hr., 1 1/2 hr. etc.)	Teacher	Ft. Desk

\_\_\_\_\_ initials *\*Summer refunds are only in the form of a credit towards future classes. Classes missed due to vacations, not taken into account when registering, will not be refunded or credited, but can be made up in another class. Please inquire about make-up classes.*

Agreement & Release of Liability I, \_\_\_\_\_, HEREBY ACKNOWLEDGE that I have voluntarily  
(please print both student's and parent's name if minor)  
 applied to participate in dancing instruction, training and performances at The Dance Center of Sonoma County in Santa Rosa, CA.  
 I AM AWARE THAT PARTICIPATING IN DANCE CLASSES AND PERFORMANCES CAN RESULT IN INJURIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY. AS LAWFUL CONSIDERATION for being permitted by The Dance Center of Sonoma County or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute The Dance Center of Sonoma County, and/or one of its affiliated organizations, owners, or employees for injury or damage resulting from the negligence or other acts, however so caused by any employee, owner, agent, or contractor of The Dance Center of Sonoma County or its affiliates, as a result of my participation in dancing activities. In addition, I hereby release and discharge The Dance Center of Sonoma County, any of its affiliated organizations, all of its teachers, owners, employees, and agents, from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in dance classes, instruction, or performances. I give The Dance Center of Sonoma County my permission to use any photographs or videotapes in which I appear for their use for advertising or publicity purposes. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DANCE CENTER OF SONOMA COUNTY AND/OR ITS AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

Signature of dancer, parent or responsible party \_\_\_\_\_ Date \_\_\_\_\_

THANKS FOR CHOOSING THE DANCE CENTER!

**FOR OFFICE USE**

Today's Date \_\_\_\_\_ Total (family) hours per week \_\_\_\_\_ How many weeks? \_\_\_\_\_

Summer tuition \_\_\_\_\_ Reg. fee \_\_\_\_\_ Credits? \_\_\_\_\_ Total Paid \_\_\_\_\_ Balance due \_\_\_\_\_

PD. Cash \_\_\_\_\_ Check # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ **NOTES:**

FD \_\_\_\_\_ DBE \_\_\_\_\_ Binder \_\_\_\_\_ Rollbook \_\_\_\_\_