

Dance Arts Collaborative

Registration Form

Company Member
Family Discount

Student's Name: _____

Age: _____ Birth Date: _____

Parents' Name(s): _____

Address: _____

Telephone: _____ Telephone: _____

Cell: _____ Email: _____

Session: Fall Winter/Spring Summer **Year:** _____

Class(es)

Day/Time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Disclaimer: I agree to hold harmless Dance Arts Collaborative, LLC and any instructor associated with Dance Arts Collaborative, LLC for any injury or accident suffered while taking class, rehearsing, performing or participating in any activity sponsored by Dance Arts Collaborative, LLC, either on or off the Dance Arts Collaborative, LLC premises.

Participant or Legal Guardian

Date

Photo Release: I hereby grant Dance Arts Collaborative, LLC the right to photograph my child and use the photo and/or other digital reproduction of his/her physical likeness for advertising and/or publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Participant or Legal Guardian

Date