

REGISTRATION FORM

Name _____ Age _____ D.O.B. _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

E-Mail Address _____

Please List Injuries _____

DANCENTER accepts Visa, Mastercard and American Express

Please read the following and sign in agreement.

- I have no health problems that require limited activity or participation in dance and will notify DANCENTER of any change.
- I understand the activity involved and agree that the Director/Instructors are not responsible or liable in any way for any physical injury.
- I understand that I must be covered by my own medical insurance to take part in any program at DANCENTER.
- I understand that I am responsible for payment of classes even if absent. No exceptions!
- I understand that payment for classes is due the FIRST class of each month and that there will be a \$1.00 charge for each week the payment is late.

CLASSES

I am most interested in taking:

- Ballet
- Jazz
- Modern
- Tap

Parent's Signature _____

Date _____

315.736.6624

CALL TODAY TO SIGN UP FOR
SUMMER & FALL SEMESTERS