



Dancer's Edge @ Studio "D"
Winter Registration 2009

3045 Broad St.
 Dexter, MI 48130
 (734) 424-2626

Email: dextersdancersedge@yahoo.com
Website: www.dextersdancersedge.com

Student Information:

(Please print and fill out a form for each student)

Today's Date: _____

Student Name: _____ Birthday _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Parent Email: _____

School Attending: _____ School grade for 2008-2009 _____

Please list the custodial parent(s)/legal guardian(s) below:

Parent(s) Name: _____ Home phone: _____

Address (if different from above): _____

Cell phone: _____ (only for emergency) Work Phone: _____

Email: _____

Emergency Contact Other Than Parent/Guardian _____

Relation _____ Phone _____

Student Schedule:

CLASS/CAMP NAME	CLASS DAY	CLASS TIME	CLASS TUITION
		Costume Dep.	\$65
		Subtotal:	
		Total:	

Office Use Only:			
Check# _____	Cash _____	Mastercard/Visa _____	Exp. _____
Tuition _____	Date _____	Signature _____	

(Continued on back →)

List previous dance experience:

Where did you hear about Dancer's Edge @ Studio "D?"

Release/Disclaimer:

Registration will not be accepted without the legal signature.

I, _____, the authorized legal representative of _____, jointly and severally hereby releases, discharges, and acquits Dancer's Edge @ Studio "D", including all owners, all employees, teachers, and agents from any and all claims for damages or injuries of any kind, nature or description, resulting from Dancer's Edge @ Studio "D" activities. This expressly includes, but is not limited to, any injury or damage caused by or resulting from the negligence of Dancer's Edge @ Studio "D", all owners, all employees, teachers, agents, etc. I acknowledge the fact that certain types of injuries are common and inherent in dance and tumbling-related activities. This release includes but is not limited to this type of injury. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives. I have read and understand all Dancer's Edge @ Studio "D" policies and agree to abide by those policies and make all payments necessary for participation in Dancer's Edge @ Studio "D" activities.

I hereby **DO GIVE/DO NOT GIVE** (circle one) Dancer's Edge @ Studio "D" permission to use images of my child, _____ captured during regular and special dance classes through video, photo and digital camera to be used solely for the purposes of studio fliers, publications and the studio website. I understand that my child's name will not be stated with the photo.

In case of an emergency, hospital preference:

Insurance information and Policy Number:

Medical Information: (any medical restrictions)

By signing this document: *You agree that all the information provided is true to the best of your knowledge. You agree that you have read and understand the risk. You give permission for emergency medical transportation and treatment at your expense, if the needed. You agree to update this document should any of the information change. You agree to the public display of any studio pictures of your child. You have thoroughly read, understand, and agree to the following documents, Dancer's Edge Dance Studio Registration Form, Dancer's Edge Dance Studio Information and Dancer's Edge Dance Studio Class and Rehearsal Schedule.*

Participant/Date _____

Parent or Guardian/Date _____