

# Workshops In Dance Performance Arts Center Registration Form

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Do not write in space below  
Email Address: \_\_\_\_\_ Annual Registration Fee: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_  
\_\_\_\_\_ Check # \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cash Received: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Would you like to refer a friend to WID:  
Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
In case of an emergency second contact person to call:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
List any physical limitations: \_\_\_\_\_  
Injuries: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_  
Please tell us any class accommodations you may need, feel free to use back of form.  
\_\_\_\_\_

How did you hear About us: (Check)

Website \_\_\_ Friend \_\_\_ Drive By \_\_\_ Phone book \_\_\_ Ad \_\_\_ Flyer \_\_\_ MLBB \_\_\_ Hulafrog \_\_\_ Other \_\_\_\_\_

Check Off:  
Child \_\_\_\_\_ Tween \_\_\_\_\_ Teen \_\_\_\_\_ Adult \_\_\_\_\_ Parent/Child \_\_\_\_\_

Enrolling for: Circle day(s) and check off class or classes. Mon. Tues. Wed. Thurs. Fri. Sat.

Ballet \_\_\_ Dancin Babies-Mommy & Me \_\_\_ Hip Hop \_\_\_ Pre-Ballet/Tap \_\_\_ B-boy Class \_\_\_ Comp.Team \_\_\_  
Acrobatics: \_\_\_ Musical Theater \_\_\_ Contemporary \_\_\_ Ballet/Tap \_\_\_ Lyrical \_\_\_ Adult \_\_\_ Private \_\_\_

Class space is reserved, therefore, no refunds or credits are given for missed or dropped classes. There are no deductions for vacation or holidays, tuition is not pro-rated. Tuition payments are paid in full prior to the start of the workshop. Tuition and registration fees are non-refundable. Checks payable to Workshops In Dance. I, \_\_\_\_\_ (Parent's name) hereby give my approval for (Parent and child's name) \_\_\_\_\_ for participation in all activities of Workshops In Dance, Inc. I hereby waive, release, and discharge Workshops In Dance, Inc., for damages, death, personal injury or property damage which I may have or which may subsequently accrue to me, as a result of my participation in these dance activities. I further understand that injuries or accidents occasionally occur during dance activities. Knowing the risks of dance, nevertheless, I hereby agree to assume those risks and to release and hold harmless Workshops In Dance, Inc., its administrator, employees, instructors, and assistants. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. In case of injury to my child(ren), or myself, I hereby waive all claims against the administrator, employees, instructors and assistants. Tuition Enclosed: \$ \_\_\_\_\_ Check# \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_