

DANCE UNLIMITED REGISTRATION FORM

Complete and Mail with \$25.00 Registration Fee

145 Cony Road, Augusta, Maine 04330

STUDENT FIRST NAME: _____ LAST NAME: _____

PARENTS NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ ALT. PHONE: _____

EMAIL: _____ EMERGENCY #: _____

AGE: _____ DATE OF BIRTH: _____

Any Medical Conditions we should know of? _____

WHERE YOU HEARD ABOUT US? _____ DATE REGISTERED _____

LIABILITY DISCLAIMER: I understand that while my child is a student of DANCE UNLIMITED I cannot hold the school, its employees or faculty responsible for any injuries sustained by my child. Furthermore, I cannot hold DANCE UNLIMITED liable for the loss or destruction of my or my child's personal property. I confirm that there are no medical conditions that may limit my child's participation.

Signature of Parent/ Guardian

Date

I am interested in the following classes:

____ Ballet ____ Pointe ____ Tap ____ Jazz ____ Hip Hop

____ Breakdancing ____ Musical Theatre ____ Ballroom ____ Bellydancing

Dance Experience: None Beginner Intermediate Advanced

I have had _____ years of instruction in: ballet tap jazz other _____

Previous instructors: _____

*****OFFICE USE ONLY*****

Reg. Fee \$25.00 _____ Date _____ Tuition \$ _____ Initials _____

Check # _____ CASH _____ ACH _____ VISA/MC _____