



Registration Form

www.demaira-dance.com

Parent/Guardian's Name: _____

Address: _____ Zip Code: _____

e-mail: _____

Primary Phone #: _____ Secondary Phone #: _____

How did you hear of us? _____

1. Student's Name: _____ Age: _____ Birthdate: _____

Name of school (grammar, high school, etc.) _____

Class Day & Time: _____

Allergies and/or Medical Conditions? Yes. No. Please describe in order to help us when working with your child.

2. Student's Name: _____ Age: _____ Birthdate: _____

Name of school (grammar, high school, etc.) _____

Class Day & Time: _____

Allergies and/or Medical Conditions? Yes. No. Please describe in order to help us when working with your child.

METHOD OF PAYMENT: CASH CREDIT/DEBIT CHECK# _____

Total Amount: \$ _____ Please make checks payable to DeMaira Dance Studios, Inc.

Credit Card #: _____ Expires: _____

Signature: _____

_____ Check here is you are interested in signing up for automatic payments.

Waiver and Release Agreement Participating in a movement activity poses the risk of injury. While proper technique and safety is taught, there may be circumstances beyond the instructor's control. In signing up for classes, you will not hold DeMaira Dance Studios, Inc. or it's teachers responsible for any injury you or your child may incur. You also agree to disclose any and all previous injuries or medical conditions that the teacher needs to know in order to insure you or your children's safety. You authorize DeMaira Dance Studios, Inc. to use any photo or likeness of you or your child for advertisement purposes such as brochures, websites or mailings. The student's name will NEVER be used in conjunction with the photo. By signing below you confirm that you are aware of our studio policies and have read and fully understand the above waiver and release of all claims. You agree to comply with these policies. Waiver must be signed by participant(s) or their legal guardian. Facsimile signatures will be considered as original.

Signature & Date: _____