

PRE-BALLET PLEASE PRINT!!

CHILD's NAME _____

DATE OF BIRTH _____ AGE _____

Parents Names: _____

Address: _____

City State Zip _____

Home Phone _____ Cell _____

Mom's Work Place & Number _____

Dad's Work Place & Number _____

Print Email: _____ @ _____

Any Existing injuries or conditions we should be aware of? Yes No
Describe _____

____ Fall Class: Sept 7-Dec 7th \$190 (\$175 cash/check discount)
(omitting Thanksgiving week Nov 22))
Paid in full by the session only (no make-up days)

****NO REFUNDS unless we cancel the class**

I agree to forever relieve and hold harmless the Dance Centre, its instructors, staff and other customers from any and all liability or damages resulting from either personal injury or theft or loss of personal property whether or not due to the negligence of the Dance Centre. Further I understand the refund policy and the tuition package policies. The Dance Centre reserves the right to cancel classes if minimum attendance is not met and issue refunds at their sole discretion.

Parent Signature

_____ Date _____

Dance Centre Representative Signature:

_____ Date _____

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