

Mail-in Registration Form

Name _____	<u>Class(es):</u> _____	<u>Day</u> _____	<u>Time</u> _____	<u>Fee</u> _____
Street Address _____	_____	_____	_____	\$ _____
City _____ State ____ Zip _____	_____	_____	_____	\$ _____
Phone (C/H) _____ (W) _____	_____	_____	_____	\$ _____
E-mail _____	_____	_____	_____	\$ _____
<u>Credit Card Information:</u>			Subtotal:	\$ _____
No. _____	Paid: \$ _____	Method: _____	Discount:	\$ _____
Exp. Date _____	3 Digit Security code: _____	Enrollment Fee:	\$ _____	
			Total:	\$ _____

I have read and agree to the following:
 To ensure placement in a class, full registration fee must be paid in advance. Dance Theatre Studio reserves the right to cancel or reschedule classes due to insufficient enrollment and change instructors when necessary. Students may make up classes missed during the current session only. NO REFUNDS will be issued after the second class meeting. The single class fee for any classes taken and an administration charge will be deducted from any refunds issued.

I recognize the risks of illness and injury inherent in any dance program and am participating upon the expressed agreement and understanding that I am hereby waiving and releasing Dance Theatre Studio, its directors, employees and agents from and against all claims, costs, liabilities, expense or judgments, including attorney's fees and court costs arising out of my participation in Dance Theatre Studio's programs or any illness or injury resulting there from, and against any and all claims, except for illness and injury directly resulting from gross negligence or willful misconduct on the part of Dance Theatre Studio, its directors, employees and agents.

I will not post on the Internet any picture or video taken on Dance Theatre Studio's property or use any photos or video taken of Dance Theatre Studio's students or choreography without expressed written permission from the director of Dance Theatre Studio.

Signature _____
Date