

# DANCE EXPRESS

859-581-4062

725 Alexandria Pike, Fort Thomas, KY 41075

DanceExpressNKY.com

## 2018 - 2019 REGISTRATION FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address #1 \_\_\_\_\_ #2 \_\_\_\_\_

\*\* Please Note: E-Mail is the preferred method for communicating important information throughout the dance year. \*\*

\*\* Please allow or add danceexpress@fuse.net to your Safe Sender list (under junk mail options) to ensure you receive our emails. \*\*

Are there any physical or emotional problems we should be aware of?  
\_\_\_\_\_

What classes are you interested in?

\_\_\_\_ DANCE    \_\_\_\_ POINTE    \_\_\_\_ TUMBLING    \_\_\_\_ CHEER / TUMBLING    \_\_\_\_ HIP HOP

### PICTURE USE ON OUR WEB SITE

Student pictures will periodically appear (without names) on our Web site.

Yes, you have my permission to use my child's picture (without name) on your web site.

No, you do not have my permission to use my child's picture (without name) on your web site.

### WAIVER OF LIABILITY

Any activity involving height or motion incurs the possibility of accidental injury. While it is our express intention at Dance Express to provide for the safety and protection of your child, it is expressly asserted that Dance Express shall not be held liable for any injury sustained while your child is under our instruction, supervision or control.

The parents/guardians of \_\_\_\_\_ hereby agree to individually protect the possible future medical expense incurred as a result of any injury sustained while training or performing at or for Dance Express.

This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Registration Payment

**Registration Fee Due:    \$20 per family before July 31st    \$30 per family after July 31st**

Method of Payment:    \_\_\_\_ Cash    \_\_\_\_ Check    \_\_\_\_ Credit/Debit Card (\$2.00 Processing Fee will be added)

Cardholder's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Three digit Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**A payment form must be on file before dancer may participate in classes.**

#### OFFICE USE ONLY

Monthly Amount \_\_\_\_\_ Receipt \_\_\_\_\_ CASH    CREDIT CARD    CHECK # \_\_\_\_\_

Registration Fee \_\_\_\_\_ Class Day \_\_\_\_\_ Class Time \_\_\_\_\_

