

DANCE EXPRESS

859-581-4062

725 Alexandria Pike, Fort Thomas, KY 41075

DanceExpressNKY.com

SUMMER 2018 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 Addresses _____

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

What classes are you interested in?

_____ Tue. 6:00 - 6:45pm - \$55 - Tumbling

_____ Tue. 6:45 - 7:30pm - \$55 - Preschool Dance

_____ Thurs. 6:00 - 7:00pm - \$60 - Combination Dance

_____ Thurs. 7:00 - 7:45pm - \$55 - Lyrical Dance

_____ Thurs. 7:45-8:30 - \$55 - Pre-Pointe/Pointe

_____ July 18th - \$20 - Stretch Workshop

_____ July 17th - 19th (4:30 - 6:00) - \$65 - Princess Camp

_____ July 24th - 26th (4:30 - 5:15) - \$30 - Hip Hop (ages 5-7)

_____ July 24th - 26th (5:15 - 6:00) - \$30 - Hip Hop (ages 8 and up)

_____ August 7th - 9th (6:00 - 7:00) - \$35 - Back Handspring Clinic

_____ August 1st - \$20 - Leaps & Turns Workshop

Payment

Total Due: _____

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: _____

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 _____

OFFICE USE ONLY

Monthly Amount _____ Receipt _____ Payment Type _____

Registration Fee _____ Class Day _____ Class Time _____