

# REGISTRATION FORM

## DUNAMIX DANCE CLASSES

TODAYS DATE: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT OR GUARDIAN (IF STUDENT IS A MINOR): \_\_\_\_\_  
(FIRST AND LAST NAME(S) PLEASE)

PHONE NUMBERS- (PLEASE INCLUDE AREA CODE AND WHOSE MOBILE AND WORK NUMBERS) THANK YOU!

HOME : \_\_\_\_\_ MOBILE: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

RETURNING STUDENT (WAS ENROLLED IN PREVIOUS SEASON) \_\_\_\_\_

# OF YEARS WITH DUNAMIX DANCE \_\_\_\_\_

NEW STUDENT \_\_\_\_\_ (IF NEW, PLEASE CHECK BELOW)

### OFFICE USE ONLY

DATE: \_\_\_\_\_ NO. OF CLASSES \_\_\_\_\_ \$15 reg. fee Pd \_\_\_\_\_

TUITION DUE: \_\_\_\_\_ AMOUNT OF PAYMENT \_\_\_\_\_

CHECK#: \_\_\_\_\_ CASH: \_\_\_\_\_

WHERE DID YOU HEAR OF DUNAMIX DANCE

\_\_\_\_\_

PREVIOUS DANCE EXPERIENCE (# OF YEARS/WHERE) \_\_\_\_\_

\_\_\_\_\_

(PLEASE SIGN POLICY AGREEMENT BELOW)

I, THE UNDERSIGNED, UNDERSTAND ACCORDING TO THE STUDIO POLICY THAT PAYMENTS FOR TUITION ARE DUE THE FIRST OF EACH MONTHS'S CLASSES. I ALSO UNDERSTAND THAT THESE LESSONS ARE ON A CALENDER MONTHLY TUITON BASIS AND THEREFORE CANNOT BE PRO-RATED. I UNDERSTAND THAT THE STUDIO DOES NOT OPERATE ON HOLIDAYS AND ON CERTAIN DAYS AS DETERMINED BY THE STUDIO SCHEDULE, WHICH CANNOT BE DEDUCTED FROM TUITON CHARGES . IN ADDITION , THERE IS A LATE FEE OF \$15.00 IF TUITION IS NOT PAID BY THE 5TH OF THE MONTH . I UNDERSTAND THAT MY CHILD WILL NOT BE PERMITTED TO PARTICIPATE IN CLASS IF TUITION IS NOT PAID BY THE 5TH AND THAT MY CHILD'S PLACE IN CLASS WILL NOT BE HELD AFTER THAT TIME. I UNDERSTAND THAT INJURY CAN HAPPEN WHILE STUDENT'S ATTEND CLASS. I HOLD NICOLE AND FRANK THOMAS AND ALL OF THE DUNAMIX STAFF NOT LIABLE FOR INJURIES THAT COULD OCCUR. I UNDERSTAND THAT PAYMENT FOR ANY INJURIES IS THE REPONSIBILITY OF THE STUDENTS AND/ OR THE STUDENTS PARENTS.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE