

Live The Dream...

Dance Express

To register, complete the registration and waiver, photo release & conduct agreement. Send tuition, registration fee and this form to:
Lisa Fristoe, 5214 Holly Ridge Drive, Raleigh, NC 27612. **Make checks payable to Dance Express.**

REGISTRATION FORM for 2008-2009

Student's Name _____ Parent's Name _____

Address _____

Zip Code _____

School Attending _____ Grade _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Student's Birthdate _____ e-mail Addr _____

Parent's Occupation _____ (Father's) _____ (Mother's)

Emergency Contact _____ Contact's Phone Number _____

Medical Problems or Special Needs _____

Please list the classes you would like to register for

	Class Title	Day	Time	Hours
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Tuition for 1st Trimester \$ _____

Registration Fee \$ 35.00 – per student

Total Enclosed \$ _____

Please note: Confirmation notices will be sent via e-mail.

WAIVER, PHOTO RELEASE & CONDUCT AGREEMENT

I, _____, understand and agree that I am solely responsible and liable for all accidents or injuries caused by acts of
(Parent/Guardian's Name)
_____ while on the studio's premises or other event sponsored or associated with Dance Express, and I shall indemnify and hold
(Student's Name)

Dance Express and it's employees harmless from all liability, of whatsoever nature, for such accidents or injuries caused by the above mentioned student, including court costs, expenses and reasonable attorney's fees. Parent's give permission for their child to be videotaped and/or photographed during the dance year to use for promotion, website and in print for Dance Express promotional purposes only. All students and their families are expected to be respectful of Dance Express facilities and agree to follow the following rules: no food or drink in studio, only wear dance shoes on the studio floor, proper attire and shoes worn to class, no horseplay in lobby.

I understand a student with excessive absences in a class might lose their spot in that class and need to be switched to another class for a variety of reasons. This decision will be made by the director.

I hereby certify that I have read and understand this agreement.

Parent's/Guardian's Signature _____ Date _____