



Fabulous Feet Dance Center
Fall Registration
2016 - 2017

Enrollment Date _____

Student Information:

First Name _____ Last Name _____
Date of Birth _____ Female _____ Male _____

Parent/Guardian Information

Mother's/Guardian's Name _____ Father's/Guardian's Name _____

Mailing Address:

Street Address _____ City _____ Zip _____
Home Phone: _____ Email Address _____
Emergency Phone: Name _____ Phone # _____
Name _____ Phone # _____

How did you hear about Fabulous Feet Dance Center? _____
Prior dance experience _____

Classes: Please specify class name(s) and day(s).

Are you interested in private lessons? ___ yes ___ no
Are you interested in competition? ___ yes ___ no

I HEREBY WAIVE ALL CLAIMS FOR INJURY, DAMAGE, OR LOSS TO MY PERSON AND PROPERTY DURING MY ENROLLMENT IN THE YEAR AHEAD AND RELEASE THE PROMOTERS, DIRECTORS, PRINCIPALS, AGENTS AND EMPLOYEES OF THE FABULOUS FEET DANCE CENTER, INC. FROM ANY NEGLIGENCE, THEIR OWN INDIVIDUAL NEGLIGENCE, ANY LIABILITY FOR INJURY, DAMAGE OR LOSS WHICH MAY BE CAUSED BY ANY ACT OR OMISSION OF ANY OF THEM.

****BY SIGNING, THE PARENT OR GUARDIAN EXPRESSLY ADOPTS AND AGREES TO BE BOUND BY THE ABOVE WAIVER AND RELEASE AGREEMENT. THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED IN THE CASE OF EVERY STUDENT WHO IS UNDER 18 YEARS OF AGE.**

I HAVE RECEIVED AND REVIEWED THE STUDIO POLICIES FOR FABULOUS FEET DANCE CENTER, INC.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Arm Length _____ Bust _____ Waist _____ Hips _____

Girth _____ Inseam _____ Tights _____