Fabulous Feet Dance Center
Summer Registration
2021

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? _____

Who is responsible for paying tuition/bills? ___Parents ____ Other – Please provide name/address/phone

Name _____

Address _____

Phone: _____

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, THE DANCERS 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_____