



Registration Form for School Year 2019-2020
(Please Print Clearly)

REGISTRATION FEES

Recreational - \$25.00
Company - \$35.00
Performance Kompany - \$35.00

(Company Registration Fee Due First Day of Fall Classes)

Today's Date: _____
Date First Class Begins: _____

Dancer - Last Name _____

Dancer - First Name _____ **Age** _____ **Sex** _____ **Dob** / /

Address _____ **City** _____ **Zip Code** _____ **Home Phone** _____

Student Grade (If Applicable) _____ **E-Mail** _____ **Cell Phone** _____

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PARENT OR GUARDIAN INFORMATION IF STUDENT IS UNDER AGE 18

MOTHER

Name _____ **Home Phone** _____

Address _____ **City** _____ **Zip Code** _____

E-Mail _____ **Cell Phone** _____

FATHER (If home address and phone are same as above you may leave blank)

Name _____ Home Phone _____
Address _____ City _____ Zip Code _____
E-Mail _____ Cell Phone _____

GUARDIAN

Name _____ Home Phone _____
Address _____
E-Mail _____ Cell Phone _____

EMERGENCY CONTACTS (PLEASE PROVIDE AT LEAST ONE)

Name _____ Phone _____
Name _____ Phone _____

Release of Liability

I release and waive any claims of personal injury or property damage that I may have or come to have against K.Monique's Studio of Dance, it's employees, representatives, and instructors. I further understand that participation will not be permitted until the fee is paid in full. Full refunds are only granted if K.Monique's Studio of Dance cancels the program(s). Other refunds are subject to an approval and service charge.

Signature _____ *Date* _____

Photo Media Release

I hereby grant K.Monique's Studio of Dance the right to use, reproduce, and/or distribute photographs and/or video of myself or my child in their promotional materials.

Signature _____ *Date* _____