

Registration Form

Name: _____ Age: _____ DOB: _____

School: _____ Parents Names: _____

Address: _____ Home Phone: _____

_____ Second Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Former and current dance training? _____

Other school/recreational activities? _____

How did you hear about the conservatory? _____

Please list any medical/allergy issues _____

.....
Level/Class: _____ Registration \$ _____

_____ Tuition (1Month) \$ _____

Cash

Check

Total \$ _____

.....
AUTO PAY REGISTRATION

I authorize my designated account to be debited for the agreed amount on 9/15, 10/15, 11/15, 12/15 2009 and 1/15, 2/15, 3/15, 4/15, 5/15 2010

Amount

Signature

Date

Please provide voided check from the designated account.

Tuition is based on the entire course and is broken down into 10 payments for convenience.

I/We _____, the parent(s)/legal guardian of _____ understand that classes will involve physical activity and risk of injury. I assume the risk and upon signing this agreement do hereby release, discharge and hold harmless and safe The Dance Conservatory of Pittsburgh, Inc., its directors, employees, instructors, chaperones, agents and officers from any and all present and future, liability, civil or criminal claims, demand, rights, actions, damages, expenses, compensation and all known and unknown personal injuries, death, loss of property and/or property damage during attendance at The Dance Conservatory of Pittsburgh or any of its related functions. I also give permission for said minor to be treated for medical emergencies.

Signature

Date

I have received, read, and agree to the policies of The Dance Conservatory of Pittsburgh.

Signature

Date