



## 2012 New Student Registration

Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Email: \_\_\_\_\_

Class Level \_\_\_\_\_ Day/Time \_\_\_\_\_

Medical information we should be aware of:

A 25% payment for Spring Semester is due with registration. Please check the website:

[www.dancebozeman.com](http://www.dancebozeman.com) for the exact rates. Spring Classes begin January 2, 2012.

---

I understand that dance is a physical activity with inherent associated risks. I understand that The Dance Center is not liable for injuries that may result from normal dance activities. If my child is injured during class and requires medical attention, I give my permission for my child to be treated at the nearest medical facility in the event that I can not first be reached at the phone number(s) given above.

Signature of Parent or Guardian \_\_\_\_\_