



## New Student Registration

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

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

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

\_\_\_\_\_

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

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

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

If Fall Semester: Nutshell (circle one): yes no If yes, please fill out Nutshell form.

Medical information we should be aware of:

Payment for Semester and/or Nutshell is due by the first class. Please check the website:

[www.dancebozeman.com](http://www.dancebozeman.com) for the rates. The Dance Center is reserving a place for your dancer.

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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 \_\_\_\_\_