



SUMMER CLASS REGISTRATION FORM

Please fill out, sign and mail form to:
Dance With Heart Studios
7373 Hashley Road, Manchester, MI 48158
(517) 902-6614

Student's Name _____ Date _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Grade _____

How many years of dance education _____ How many year's of DWHS education _____

Parent's Name _____ Work or Cell Phone _____

PLEASE PRINT E-mail Address _____

Emergency Contact Person _____ Relationship _____

Emergency Phone _____

How did you hear about us? Website ___ Facebook ___ Instagram ___ Twitter ___ Newspaper ___ Friend ___ Other: _____

Parent's Occupation (Optional) _____

Interested in Direct Deposit: Yes / No

TO REGISTER FOR CLASSES: (Use back of form; Page 2) Please note if class schedule is not known or if child is undecided about what they want to do at the time you register, please e-mail studio at dancewithheartstudios@gmail.com.

WAIVER RELEASE FOR DANCE WITH HEART

In consideration for being allowed to enroll as a participant in Dance With Heart, I hereby, for myself, my heirs, executors and administrators waive and release and discharge its proprietors, teaching staff, agents and assigns from any and all liability, cause of actions, costs, charges, claims, expenses, and demands on account of or in any way growing out of any and all personal injuries, personal ailments or sickness, and property damages incurred by me as a result of or in the course of my participation in any activity (including, but not limited to: classes, trips, competitions, shows, workshops and demonstrations) while a participant in the program.

I understand that photographs, recordings, taping, or filming of participants by any Dance With Heart teachers, independent contractors or members of the press become the property of Dance With Heart and may be used for future publicity. By signing each of the undersigned participants and/or participant's parents involved with Dance With Heart expressly adopts and agrees to be bound by this waiver and release agreement.

By signing below, I hereby expressly, assume any and all risks which are incumbent with the realization that these activities might subject participant to personal bodily injury or property damage risks.

Additionally, for the stated consideration, I further agree forever to refrain from suit or proceeding at law or in equity or otherwise against the above named parties, either severally or jointly with any person, in account of, or in any way growing out of any personal injuries and property damage as stated.

LATE FEE POLICY

There is a \$30.00 late fee charged for payments not received within a two-week grace period. There is a returned check fee of \$30.00 for each check. The studio reserves the right to deny participation in class if your account is not current. In the case of financial hardship, i.e. job loss or other major life issues, please contact the director for possible payment arrangements.

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF DANCE WITH HEART STUDIOS.

PRINT Parent/Guardian Name

DATE

SIGN Parent/Guardian Name

