



## **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  
Or email to:  
[dancewithheartstudios@gmail.com](mailto:dancewithheartstudios@gmail.com)

Student's Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Grade \_\_\_\_\_  
How many years of dance education \_\_\_\_\_ How many years 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) \_\_\_\_\_

### **TO REGISTER FOR CLASSES:** (Use back of form)

Please e-mail studio at [dancewithheartstudios@gmail.com](mailto:dancewithheartstudios@gmail.com) with questions or concerns.

#### **WAIVER RELEASE FOR DANCE WITH HEART**

In consideration for being allowed to enroll as a participant in Dance With Heart LLC, 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 LLC teachers, independent contractors or members of the press become the property of Dance With Heart LLC and may be used for future publicity. By signing each of the undersigned participants and/or participant's parents involved with Dance With Heart LLC 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

--over--

