



Registration Form

Parent's Name: _____

Parent's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Work Phone: (_____) _____

Employer: _____

Employer: _____

Email: _____

Email: _____

DANCER INFORMATION:

Name: _____ Birthday (Month/Date/Year): _____ Age: _____

Academic School: _____ Grade: _____

Medical Conditions/Health Concerns: _____

	Name of Class	Day	Time	Cost
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
			Sub-Total	_____
			Multi-Class Discount	_____
Paid \$ _____	Form of Payment: _____		Registration Fee	_____
			Total	_____

I hereby acknowledge that I am responsible for payment of all tuition. If tuition is not received in a timely manner, I understand that I am liable for all expenses incurred in collection. I understand the physical demands and inherent risks involved in dance activity and guarantee that the registered student to be in sound physical condition. I agree to hold Ultimate Leap Dance Center, LLC, its officers, agents and employees in both individual and official capacities, harmless from liability for injury, damage or loss to person or property as a result of participation in any Ultimate Leap Dance Center, LLC activities. I hereby consent to the photographing of my child and the use of these photographs for advertising, publicity, commercial or other business purposes. I have read, understand and will abide by the policies set forth by Ultimate Leap Dance Center, LLC.

Signature: _____

Date: _____