

DANCE-N-GROOVE

80 Mager Lane/P.O. Box 871
Hutto, TX 78634
Phone - 512-422-0378
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www.dancengroove.com

(For office use only)

Registered: _____ pd: _____
Tuition Amount (per month) _____
Class _____ Day/Time _____

Registration and Medical Release Form

Current Students – Registration Fee before June 1st - \$15

Registration fee before July 1st - \$20; \$15 for each additional dancer

Registration fee after July 1st - \$25; \$20 for each additional dancer

Please return with the non-refundable registration fee to reserve your spot.

Student Name: _____

Birthdate _____ School Attending _____ Grade (fall 10) _____

Address _____ City _____ Zip Code _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Mother's Name _____ Wk Phone _____

Father's Name _____ Wk Phone _____

Mom's Email _____

Dad's Email _____

Emergency Contact (if parents can't be reached)

Name _____ Phone _____

Name _____ Phone _____

Does your child have asthma? Yes/No

Are there any allergies that your child has that we should know about? _____

Please list (if any) injuries your child has have? _____

How did you hear about us? Newspaper ___ Flyer ___ Other parent _____ Other _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Creative Movement (ages 2 ½ -3) | <input type="checkbox"/> Ballet/Pointe (ages 11 & up) |
| <input type="checkbox"/> Ballet/Tap/Tumble (ages 3-4) | <input type="checkbox"/> Jazz (ages 11 & up) |
| <input type="checkbox"/> Ballet/Tap (ages 5-12) | <input type="checkbox"/> Tap (ages 11 & up) |
| <input type="checkbox"/> Jazz/Hip-Hop Combo (ages 7-12) | <input type="checkbox"/> Hip-Hop (ages 11 & up) |
| <input type="checkbox"/> Dreamin' Angels (ages 5-18- must be enrolled in technique class and attend parent meeting in fall) | |

Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in dance, tumble, and other physical activities while a student at Dance-N-Groove. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said students personal safety and release Dance-N-Groove, it's supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury. I/we assume all responsibility and waive any claim for compensation for accidental injury while at Dance-N-Groove or while participating in a Dance-N-Groove activity away from Dance-N-Groove and hereby hold harmless Dance-N-Groove, its agents, employees or servants whether paid or volunteer, against any and all claims which may arise while participating at Dance-N-Groove.

I understand that my child's picture will be taken throughout the year in class and performances and I give Dance-N-Groove permission to use any pictures of my child for promotional use.

I do hereby allow _____ to fully participate in this program _____ (initial)

Parent/Guardian Signature _____ Date _____

Physicians Name _____ Phone _____

Insurance Company _____ Policy # _____