

DCT DANCE

Registration Form

www.dctdance.com

(218)999-9966

kayla@dctdance.com

34526 Hwy 2 W Grand Rapids

Student's Name _____

BirthDay / / Age _____

Parent/Guardian responsible for Dance Payments:

Address _____ City _____ Zip _____

Email Address: _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

List any medical conditions: _____

How did you hear about DCT Dance? _____

I hereby give Dreams Come True Dance and Shorma Photography the absolute right and permission to photograph my child listed above and to copyright and/or publish any and all photographs taken at Dreams Come True Dance. I require and request no compensation or claim to the above mentioned photographs now or in the future.

Parent Signature: _____ Date: _____

Dreams Come True Dance Studio recognizes our obligation to ensure students and parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release DCT Dance from any and all claims due to injury sustained by your child while attending any dance class or event associated with DCT Dance, or any outside performance. In signing this waiver, you also acknowledge your responsibility for paying monthly tuition, associated costume fees, entry fees for performances and any other communicated costs involved. Late tuition payments may result in student's class(es) removal. You acknowledge that all fees are nonrefundable; and that DCT Dance reserves the right to refuse dance lessons to anyone, for any reason and at any time. You and your child acknowledge and agree to follow all DCT Dance policies as published on the website www.dctdance.com.

Parent Signature: _____ Date: _____