



Class Registration Form

Last Updated: 30 October 2017

Class Name: _____

Student Name: _____ **Date of Birth:** _____

Student Name: _____ **Date of Birth:** _____

Name(s) of Parent/Guardian(s): _____

Primary Address:

Phone Numbers:
Home _____
Work _____
Cell _____

Email Address: _____

Name of Emergency Contact (please do not list self): _____

Relationship to Student:

Phone Numbers:
Home _____
Work _____
Cell _____

Relevant Student Medical Problems/Health Conditions:

Waiver and Release of all Claims & General Policies

Waiver and Release of all Claims

I, _____, as legal guardian of the above student(s), recognize that activities involving dance could result in physical injury to said student(s). I voluntarily consent to said student(s) participating in classes with The Dance Box, LLC and I accept all the associated risks of such. I hereby release and waive any and all claims against The Dance Box, and all of its employees and volunteers, for any liability which may occur while participating.

Signature: _____ Date: _____

General Policies

I also understand that all payments are non-refundable except when a doctor's note is provided which prohibits the student from dancing. Our program runs from August through June, and you will be enrolled through that entire time period. In order to withdraw from a class, written notification must be given. Tuition payments for classes and related charges will continue until written notification of withdrawal is received. No credit will be given for holidays or class cancellations by The Dance Box.

Signature: _____ Date: _____

Any other information we should know (please write below):

☎ (540) 709-1393 ✉ amysdancebox@gmail.com 🌐 <http://thedancebox.net/>

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