

**New Dimensions Dance Academy, Inc.
Registration Form**

Student Information

First Name: _____ **Last Name:** _____

Birthdate: _____ **Age:** _____ **Grade:** _____

Family Information:

Mothers Name: _____ **Fathers Name:** _____

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Cell Phone: _____ **Email:** _____

How did you hear about us:

Wavier & Release

I agree to participate at The New Dimensions Dance Academy, Inc. under the following conditions

1. I recognize the risk of injury common to any dance studio ant that my child is participating in this program upon express agreement and understanding that I am hereby waiving and releasing New Dimensions Dance Academy, Inc. and against any and all claims, actions, causes of actions, damages, cost, liabilities, expenses or judgements, including attorneys fees and court cost, arising out of my child's participation in the program.
2. I hereby execute this Waiver and Release form to induce New Dimensions Dance Academy, Inc. to permit my child to participate in their program.
3. I understand that tuition is due no later than the 5th of the month, and that a \$25.00 late fee will automatically be charged to my account for payments received after the 5th of each month.
4. I understand that I will pay all past accounts including late fees.
5. I understand that if my child wishes to drop any classes (at any time) that I must notify the office either in writing or phone 25 days in advance, or I am responsible for that months tuition.
6. I understand that recital fees, competition fees, ticket fees, costume fees, etc. are in addition to normal monthly tuition.

I have read the Waiver & Release, and the rules and regulations and fully understand them.

My Child has a medical and/or health concerns that the studio needs to be award of:

I have executed the Waiver & Release this _____ day of _____ 20_____

Signed: _____

Print Name: (Parent or Guardian of above child) _____