

FOR OFFICE USE ONLY:

(Circle One)

Pre-Reg. Fee/Reg. Fee

Entered by: _____

Amt. Pd.: _____

Date entered: _____

Checking or Credit Card Information Rec'd & Filed? Yes/No

Financial Agreement Signed: Yes/No

REGISTRATION FORM 2018/2019

(Circle One)

Summer

Fall/Spring

Dance Camp

Amy Blake's Academy of Dance, Inc.

410 E. Edgewood

Friendswood, Texas 77546

(281) 482-0600

www.Amyblakedance.com

amyblakedance@comcast.net



Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

****REGISTER USING THIS FORM****

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Student Information: *Please print legibly*

Class: _____ Day: _____ Time: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Age: _____ Birth date: ____/____/____

Previous Dance Training: _____

How did you hear about our studio? _____

Parent/Guardian Information:

Mother's Name: _____

Father's name: _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

Email: _____ *(*All studio correspondence & tuition reminders will be sent via email.)*

****Responsible party for tuition payments:** _____

Emergency Contact (other than parent):

Name: _____ Relationship to student: _____

Phone #: _____

Medical Information: *(This is only for use in case of emergency.)*

Please list any medical conditions that might help the staff when working with your child:

- ❖ Students may be interviewed and photographed to promote activities of Amy Blake's Academy of Dance (ABAD). In my signing of this form, I give permission, for an indefinite period of time, for my child (myself, if over 18) to be photographed, filmed and/or interviewed in an ABAD supervised environment for the sole use of promotions for the Academy.
- ❖ Amy Blake's Academy of Dance employs thoroughly trained instructors. Utmost care will be given to all students; however, ABAD is not responsible for any injuries sustained by a student.

I have read, understand and agree to the above statements. I give my permission to ABAD to use my child in promotional activities and also voluntarily release ABAD from any and all claims, demands or causes of action which may arise from or be sustained as a result in my child's participation in the various programs of instruction associated with Amy Blake's Academy of Dance.

X _____
Signature (Parent or Guardian)

Date: ____/____/____