

# Dance-a-Cross

## Student Registration 2011-12

### Classes Start September 6th

**Contact Information** (Adult student check here \_\_\_\_\_ and complete contact information for yourself)

Parent / Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail \_\_\_\_\_ 2<sup>nd</sup> E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent / Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Student Information** (for additional students complete side two)

First Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Grade \_\_\_\_\_ Years Danced \_\_\_\_\_ Years with Dance-a-Cross \_\_\_\_\_  
 Medical (please indicate if the student has any medical conditions or food allergies):

**Class Enrollment**

Student	Class	Day	Time	Costume Fee	Tuition
<b>Discounts</b>					
<b>Totals</b>					

**Pre-Pay Discounts** (must be paid by September 30)

I would like to pre-pay the full year tuition and receive 10% off.    Yes    No    (circle one)  
 I would like to pre-pay the full costume & recital fees and receive 10% off.    Yes    No    (circle one)

**How Did You Hear About Dance-a-Cross?** (circle one)

Returning Student    Friend    Radio    Sign    TV Commercial    Living Magazine    Door Flyer    Internet    Parade    Other

**LIABILITY RELEASE**

I/We hereby release Dance-a-Cross, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named student while participating in classes and activities offered by Dance-a-Cross. In case of emergency, I/we grant any staff or faculty member of Dance-a-Cross permission to seek medical care for the above-named student(s).

Signature (of Parent if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Student Information**

Second Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade \_\_\_\_\_ Years Danced \_\_\_\_\_ Years with Dance-a-Cross \_\_\_\_\_

Medical (please indicate if the student has any medical conditions or food allergies):

Third Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade \_\_\_\_\_ Years Danced \_\_\_\_\_ Years with Dance-a-Cross \_\_\_\_\_

Medical (please indicate if the student has any medical conditions or food allergies):

Forth Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade \_\_\_\_\_ Years Danced \_\_\_\_\_ Years with Dance-a-Cross \_\_\_\_\_

Medical (please indicate if the student has any medical conditions or food allergies):

Fifth Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade \_\_\_\_\_ Years Danced \_\_\_\_\_ Years with Dance-a-Cross \_\_\_\_\_

Medical (please indicate if the student has any medical conditions or food allergies):