

DANCENTER REGISTRATION FORM

Name _____ E-Mail _____

Address _____

City _____ State _____ Zip _____ DOB _____

Ph: Home _____ Work _____ Cell _____

Injuries or Health Condition we should be aware of: _____

*Tuition is due the First Class of Each Month. There will be a \$5 Late Fee each week payment is late. Tuition/Costume payments are non-refundable.

*I have no health problems that require me to limit my activities or not participate in dance and will notify DANCENTER of any change.

*I understand the activity involved and agree that the Director/Instructors are not responsible or liable in any way of physical injury.

*I understand I must be covered by my own medical insurance to take part in any program at Dancenter.

*I understand I am responsible for my tuition even if absent. No Exceptions!

*Tuition remains the same when studio is closed for special Holidays, Winter Break and Spring Break!

Parents Signature: _____ Date: _____

Credit Card Authorization Agreement

I _____ authorize Dancenter to charge my credit card the first week of every month for tuition. It is understood that I may terminate this agreement at any time by written notification to Dancenter.

CARD# _____ EXP DATE _____

SIGNATURE _____ DATE _____