

Himel Dance Conservatory

Student Registration Form 2017-2018

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

Mailing Address: _____

City/Town: State: Zip: _____

Home Telephone #: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include:

Telephone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Would you prefer to receive dated communications from us via email? _____ Yes _____ No

If yes, please provide proper email address: _____

Please advise us of any medical conditions that may affect the student's participation: _____

Agreement for Participation

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. **Himel Dance Conservatory** is not responsible for personal property.

I have received the student handbook and agree to adhere to all the content stated therein including:

*Studio Policies *Tuition & Payment Information *Dress Code

*Calendar

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Class Level	Day/Time	Tuition Due
1.		
2.		
3.		

SUB-TOTAL: \$ _____

Applicable Discount: \$ _____

SUB-TOTAL: \$ _____

Registration Fee: \$ _____

TOTAL: \$ _____

Amount Paid: \$ _____

Balance: \$ _____