

HORIZONS DANCE CONSERVATORY Registration Form

1. Student's Name _____ D.O.B _____ Age _____

2. Student's Name _____ D.O.B _____ Age _____

3. Student's Name _____ D.O.B _____ Age _____

***There is a \$10 per student non-refundable registration fee.**

Parent's/Guardian's Names _____

Street Address _____

City/State/Zip Code _____

Cell Phone _____ Cell Phone _____

Home Phone _____ E-mail _____

Emergency Contact _____

Does the student have any allergies, ailments, or restrictions? If so, please list:

Please read the following carefully and sign . . .

I, the undersigned, understand and agree that I shall not hold **Horizons Dance Conservatory**, its staff, and/or volunteers responsible in any way for any injury or accident which might occur during classes or any function of said **Horizons Dance Conservatory**.

I assume all responsibility for any damages my child my cause on the **Horizons Dance Conservatory** premises. The above statements also apply if I, the undersigned, am on the premises of **Horizons Dance Conservatory**.

I UNDERSTAND THAT ALL TUITIONS ARE DUE NO LATER THAN THE 15th OF EACH MONTH AND PAYMENTS ARE EXPECTED REGARDLESS OF STUDENT ATTENDANCE. (STUDENTS CANNOT SKIP MONTHS.) MAKE-UP CLASSES ARE AVAILABLE FOR MISSED CLASSES. IF DROPPING CLASSES AFTER OCTOBER 31ST, I UNDERSTAND I AM REQUIRED TO PAY HALF OF THE REMAINING TUITION FOR THE ENTIRE SEASON UPON LEAVING.

I have read and understand all the policies of **Horizons Dance Conservatory** and understand that they must be followed in order to participate in any of **Horizons Dance Conservatory's** programs.

Signature (Parent/Guardian/Self if 18 or older)

Date