

New Students/Late Returning Students - To Register by mail:

- Fill out one registration form per student and sign the release. (see form below)
 - Insert a check or money order for the following:
 - o Non Refundable Registration for Fall - \$15.00 new student fee plus a \$25.00 costume deposit
 - Mail to:
 - o Dance Visions
- 2 River Road, Ste. 102
Stafford Springs, CT 06076

Dance Visions, LLC

Director: Errica Michelle Cerrone - DeVarenne

Student's Name: _____ DOB & Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

School attending and grade in September: _____

Mother's Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Where did you hear of us: _____

Circle Appropriate Season for Registration: Fall Summer Both

CLASS SUBJECT (To be filled out by office): _____

Dance Visions, LLC

Release

I, _____ hereby permit my child(ren), herein indicated on the front of this form, to participate in dance, tumbling, yoga, martial arts and any other activities of the dance center, and to receive instruction in such subjects from the dance center, and its staff and associates. I understand that such participation and instruction require the performance of physical exercise by my child(ren), which necessarily involves the risk of personal injury to my child. I hereby release Dance Visions, LLC and any of its staff and associates from any responsibility or liability whatsoever for any injury of any kind to my child arising out or in the course of his or her participation in any activity at the dance center, while on the premises, or as a result of any instruction received by my child(ren) from any of the staff or associates of Dance Visions, LLC. I also understand that I am responsible for payment of all services rendered and any other items that are on my account regardless if my child ceases to take class at Dance Visions LLC. I agree to pay all collection agency and legal fees that may arise if my account becomes delinquent.

Signature of parent or guardian