

Starz Dance Academy - 2017 - 10 Week Summer Session Registration

Returning Student New Student/How did you hear about us? _____

Name: _____ Birthdate: _____ Grade 17-18 school year: _____

Mother's Name: _____ Cell Phone #: _____

Father's Name: _____ Cell Phone #: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____

Starz Dance Academy does all communication through **EMAIL**. Please provide a valid email address. If you would like information sent to multiple emails - please list them & PRINT neatly.

Email: _____

Medical or Behavioral Issues: _____

I understand that participation in dance classes, camps, or clinics involve risk and possible injury. I understand and agree that Starz Dance Academy and their staff will assume no responsibility for medical expenses incurred by my children or self. I agree to the charges for the classes enrolled in and will pay them in a timely manner.

Parent Signature: _____ Date: _____

I give Starz Dance Academy LLC permission to use photographs taken of my child on their website or in any promotional material for Starz Dance Academy. I understand there are NO refunds or credits.

CLASS	DAY	TIME	FEE	DISCOUNT	TOTAL
1					
2					
3					
4					
5					
6					

OFFICE USE	Class Total: _____
Payment: \$ _____ Date: _____ Method: _____ Balance: \$ _____	

