

Harbourtown Dance Studio

5485 Liberty Ave. Vermilion, OH 44089

Phone: (440) 315-1467

Email: Harbourtowardance@yahoo.com

Class Registration

Section 1

Student's name _____ D.O.B. ___/___/___

Parent's or legal guardian's names _____

Street _____

City _____ Zip _____ Home Phone [____] _____

Work Phone [____] _____ Cell Phone [____] _____

Emergency Contact (other than parent) _____ Phone _____

Email _____

Does the student have any ailments or restrictions? Yes / No If yes, please explain:

Does the student have any immediate family members also registering for classes? Yes / No

Section 2 (Please fill out this section if you are a new student)

How did you hear about us? _____ Has the student had any previous dance training? Yes / No

Name(s) of current or previous dance school(s) _____

Section 3

Please list the class(es) your child will be enrolling in

Class/Day/Time: _____ Class/Day/Time: _____

Class/Day/Time: _____ Class/Day/Time: _____

Class/Day/Time: _____ Class/Day/Time: _____

Payment Schedule:

Paid in full for 8 weeks

Paid for 4 weeks (next payment due by week 5)

Payment Options:

Cash Amount _____

Check Check # _____

Release of Liability

As the legal parent or guardian, I release and hold harmless Harbourtown Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Harbourtown Dance Studio, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Harbourtown Dance Studio, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician _____ be called and that my child be transported to _____ hospital.

I've read all of the above and the Studio Policies and agree.

Date ___/___/___

Signature of parent or legal guardian, if student is under age 18, or student age 18 and older