

Love2Dance Registration Form Fall 2011

*Student _____ *Age _____ *D.O.B _____
 Address _____ City _____ Zip _____
 Parent #1 _____ Home # _____ Cell # _____
 Parent #2 _____ Home # _____ Cell # _____
 *Email _____
 Emergency Contact _____ Phone _____
 Physician's Name _____ Phone _____
 Insurance Provider: _____ Policy # _____
 Special Medical Needs: _____

**Required Field (Returning Love2Dance Students may leave other areas blank)*

***Release of Liability & Waiver of Claims**

By signing this Release and Waiver, I agree that Tara-Caprice Broadwater and Love2Dance shall not be responsible for any injury suffered by the student _____ . This release from Liability and Waiver of Claims extends to Love2Dance owners, officers, agents, instructors, and employees. This release from Liability and Claims extends to every claim, demand or liability of any kind based on injury or damage described below. I understand that the dance activities as conducted and taught by Tara-Caprice Broadwater and Love2Dance have inherent risks of injury. These risks include but are not limited to: muscle pains and pulls, broken bones, ankle injuries and other personal injury. I recognize that the student is exposing himself/herself to such risks when undertaking dance activities. I also agree that Love2Dance including its owners, officers, agents, instructors, and employees, is not responsible for any property loss or damage suffered by the student or any guests or parents of the students that result upon entry into or presence in the Love2Dance facility, its surrounding property or any practice & performance sites. I understand the terms of this Release from Liability and Waiver of Claims. By signing and dating this Release, I confirm that I have read the release in full, that I understand its terms, and that I agree with those terms.

Date _____ Signature of Student's Parent or Guardian _____

Please Enroll Me in the Following Fall Classes:

Day	Time	Class	Age	Instructor

_____ **Yes, I will be participating in the performance on January 7th.** _____ **Unfortunately, I will not be in the performance.**

Payment Information

Late payments are subject to a \$15 fee. Returned check fee is \$20.

All students that pay for the entire semester in full by 9/9 will receive a complimentary L2D T-Shirt. Please indicate shirt size _____

_____ **I will pay tuition monthly-\$50 per dance class (4 weeks)** Please refer to the class schedule for tuition due dates.

_____ **I will pay for the semester in advance** (Discount is included below)

Annual Registration +	Tuition +	Performance Fee +	Costume Fee (Per Class)
	1 Class \$190		Little Feet, Contemporary \$45
<i>Per Family</i>	2 Classes \$360	<i>Per Student</i>	Mini, Jr, Beg Fusion \$55
\$30	3 Classes \$510	\$35	Kid, Acro, Mus Theater \$60
	4 Classes \$680		Preteen, Teen \$65
	5 Classes \$850		Adult, Adv Fusion \$65

Please return this form with your **\$30 Annual Registration Fee** and your remittance.

Checks are payable to: Love2Dance

Date: _____ **Enclosed is \$** _____