



Enrollment for 2010-2011 Dance Classes

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| Parent's Name: |
| Student's Name: |
| Student's Birthday: |
| Class Enrolling In: |
| Contact Phone Number: |
| E-Mail Address: |
| Mailing Address: |
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If you are new to Amanda's Dance Academy please list your child's previous dance backgrounds and how you heard about our academy.

Waiver:

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge, Amanda's Dance Academy, its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by Amanda's Dance Academy. Parent and guardian must sign for anyone age 18 and under.

Signature

Date

I understand that I am enrolling in a recital class. If for some reason I am unable to attend the recital, I will notify Amanda's Dance Academy as soon as possible so they can make necessary changes to choreography.

Signature

Date

Welcome to Our Academy!!!!