

ENROLLMENT FORM

Mother's Name:_

Mother's Cell:

Student's Name:____

Student's Age: ____ Date of Birth: ____

Address:	Father's Name:
City, State, Zip:	Father's Cell:
Students Cell:	Parents' E-Mail:
Student's E-Mail:	Home Phone:
Mother's Work Information	Father's Work Information
Company:	Company:
Address:	Address:
City, State, Zip:	City, State, Zip:
Wk Phone:	Wk Phone:
IN CASE OF EMI	ERGENCY (other than listed above)
Name:	
Phone:	Alt. Phone
History of Injuries:	
List Medications your child is taking:	
List any Allergies:	
List any Allergies: Northern Dance Academy LLC and its employed	ees CANNOT administer any medication
Should an emergency occur, I/We give permiss	ion for emergency treatment.
Signature:	
Previous dance or gymnastic experience:	
How did you hear about us?	
available at the studios to read. The document may also be MONTHLY FEES: Monthly fees are due by the 1st fee of \$10.00 may be charged. LIABILITY DISCLAIMER: Northern Dance Academy Large to personal property. Each student may decline to student may have. If you have any doubt as to you or you participating. All students participating in any studio acti responsibility for accidents or injuries. I/We understand to associated with injury that I/we or the student may sustain LLC or any of its owners or employees. I/We understand touching the student as part of the regular class work and and faculty have permission to engage in appropriate kind work and rehearsal. Upon execution of this agreement, the undersigned als any purpose authorized by Northern Dance Academy, LI photos inside the studio and promotional material. This go Northern Dance Academy LLC. I/We understand that the to Northern Dance Academy, LLC, I am/we are fully and	Academy's Policies & Procedures must be adhered to at all times. A copy is be downloaded from our website at http://www.northerndance.com/downloads . lesson of each month and considered late by the second lesson of the month. A lat cademy, LLC and/or its employees are not liable for personal injuries, loss of or o participate in any activity. Please inform instructor of any physical limitations that child's physical limitations, please consult with your physician before exities do so at their own risk. Northern Dance Academy, LLC claims no that Northern Dance Academy, LLC will not be responsible for any medical costs in. I/We waive all claims for injury or liability against Northern Dance Academy, I that dance instruction involves kinetic correction that may include physically lor rehearsal. I/We assume the risk and agree that Northern Dance Academy, LLC etic correction of the body for technical corrective purposes as part of regular class to releases ownership and authorizes the use of the student's likeness and image, for acceptance of the right to modify and retouch the images at the discretion of the ere will be no compensation to the student for this use. In granting this permission of without limitation releasing it from any liability that may arise from the use of the lance Academy, LLC's Policies and Procedures as set forth in the document of the
SIGNATURE:	DATE:
(I am over 18 years of age)	