

DEBBIE'S DANCE COMPANY

11570 San Jose Blvd, Suite 10 ~ Jacksonville, FL 32223 ~ 904/268-1410 ~ www.debbiesdanceco.com

REGISTRATION FORM 2022-2023

Please complete the information requested below and return to above address with your \$50 registration fee. The registration fee is non-refundable and will hold your spot in the class of your choice. Classes are first come-first served until full.

STUDENT'S FULL NAME: _____

STUDENT'S NICKNAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ CITY _____

ZIP _____

HOME PHONE: _____ MOM'S CELL: _____ DAD'S CELL: _____

DAD'S NAME: _____ EMAIL: _____

MOM'S NAME: _____ EMAIL: _____

PLEASE CIRCLE THE CLASS/CLASSES THAT YOU ARE INTERESTED IN TAKING:

| | | | | | |
|--------------------------------|-----------------|--------------|---------------|-------------|--------------|
| TAP PRESCHOOL | JAZZ HIP-HOP | BALLET | POINTE | MODERN | CONDITIONING |
| ACROBATICS BALLET TECHNIQUE | LYRICAL | CONTEMPORARY | JUMPS & TURNS | PROGRESSING | |

I WOULD LIKE TO AUDITION FOR A COMPETITION TEAM: YES NO

PREVIOUS TRAINING: _____

PHYSICIAN: _____

Name
Telephone Number

Medications:

NON-REFUNDABLE MONTHLY FEES FOR THE 2022-2023 SEASON ARE AS

FOLLOWS:

\$55.00/month for your first one-hour dance class

\$35.00/month for each one-hour dance class thereafter (For example: 2 one-hour classes/month = \$90)

\$15.00/month for each additional $\frac{1}{2}$ hour of dance class (For example: First 1-1/2 hour class = \$70.00/month)

Discounts: \$10.00/month for the second/subsequent dancers in the same family enrolled at Debbie's Dance Co.

HOW DID YOU HEAR ABOUT DEBBIE'S DANCE COMPANY? _____

RELEASE WAIVER AND ASSUMPTION OF RISK:

I hereby waive any and all rights for damages that I or my child may have against DEBBIE'S DANCE COMPANY or its employees, or for injuries that I or my child may sustain while participating in any class or on studio property. I further attest that I or my child are in good health, and are physically fit for the activities we are registered for. By signing below, I acknowledge that I have read, understand and accept this Release Waiver and Assumption of Risk.

Date

Signature of Participant (Parent/Guardian if under age 18)