

ISLAND DANCE 2008 Summer Course Registration Form
(please use a separate registration form for each student)

Last Name of Student: _____ First Name of Student: _____

Birthdate (Adults too!): ____ / ____ / ____ Grade (Fall 08): _____ School: _____

MAILING Address: _____ City: _____ Zip: _____

Home Telephone: _____ Email: _____ @ _____

Mother's Name: _____ Work Phone: () _____ Cell Phone: () _____

Father's Name: _____ Work Phone: () _____ Cell Phone: () _____

Emergency Contact: _____ Phone Number: () _____

Doctor's Name and Phone Number: _____ () _____

Please describe any pertinent medical situation which would in any way limit the student's activities.

CLASS NAME	LEVEL	DATES	TIME	FEE
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1st)				
2 nd)				
3 rd)				
4 th)				
5 th)				
6 th)				
7 th)				
8 th)				
9 th)				
10 th)				

OFFICE USE ONLY Credit Card <input type="checkbox"/> (see reverse) Cash <input type="checkbox"/> Check #: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">SUMMER TUITION</td> <td style="width:30%;">\$</td> </tr> <tr> <td>REGISTRATION FEE</td> <td>\$25.00</td> </tr> <tr> <td>TOTAL AMOUNT DUE</td> <td>\$</td> </tr> <tr> <td>AMOUNT PAID AT REGISTRATION 50% MIN.</td> <td>\$</td> </tr> <tr> <td>BALANCE DUE PRIOR TO ATTENDING CLASSES</td> <td>\$</td> </tr> </table>	SUMMER TUITION	\$	REGISTRATION FEE	\$25.00	TOTAL AMOUNT DUE	\$	AMOUNT PAID AT REGISTRATION 50% MIN.	\$	BALANCE DUE PRIOR TO ATTENDING CLASSES	\$
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AMOUNT PAID AT REGISTRATION 50% MIN.	\$										
BALANCE DUE PRIOR TO ATTENDING CLASSES	\$										

For the summer session, payment in full must be received prior to the first meeting of the class or workshop. A \$25.00 service fee will be charged for each check returned by the bank due to insufficient funds. Island Dance reserves the right to cancel classes when enrollment drops below six students. If the Studio cancels a class due to low enrollment, a refund will be given. Refunds will not be issued for missed classes, except in unusual circumstances such as an extended illness; studio must be notified prior to a missed class if credit is requested. We do not issue credit for vacations during the summer session.

By signing below, I approve of my or my child(ren)'s participation in dance classes presented by Island Dance. In consideration of my or my child(ren)'s acceptance into this program, I hereby for myself, my child, executors, administrators and assignees, waive and release any and all rights and claims for damages which may hereafter accrue to me which I may have against Island Dance, and any of its agents, representatives, successors and assignees for any and all injuries, loss and damages suffered by me or my child(ren). I declare under penalty of perjury that the foregoing information is true and correct.

SIGNATURE _____ DATE _____

Relationship to Student: _____

New Students Only:

Dance Experience:

Type of Dance # of Years Experience Level Last Year Where did Student Dance? Teacher

Ballet _____

Tap _____

Jazz _____

Modern _____

Other-Specify _____

If paying by credit card, please indicate amount below and sign.

I authorize Island Dance to charge my credit card in the amount of \$ _____.

Signature: _____

Credit card (circle one) _____ MC VISA Debit

Card # _____ Expiration date: _____

Name on card _____ V-Code Symbol _____

Other payment information: _____