



Date _____

Student's Legal Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Parent's Cell # _____

Parent's Names _____ Child has special needs? _____

In Case of Emergency (other than parent) Contact Name _____ Phone# _____

Email Address(will not be released outside of DDA) _____

Grade in School _____ School Name _____

Dancer's Health Insurance Name _____

Policy # _____ Ins. Phone # _____

Previous Dance/ Acting/ Acrobatics Training- # of Years _____ Studio Name _____

How did you hear about us? Please place a check on the line that applies-

-Returning Student _____

-Flyer _____

-Friend _____ Who can we thank for your referral? _____

-Internet Search _____

-Social Media _____

-Other _____

Classes Chosen For This School Year _____

Registration Fee (due once a year) \$ _____

Last Month Tuition -May 2016 (non-refundable) \$ _____

First Month Tuition -September 2015 (non-refundable) \$ _____

Required Uniform Total \$ _____

Total Amount Due \$ _____ Cash, Check or Credit Card

I hereby acknowledge in consideration of my child's participation in the Dawson Dance and Theatre Academy's program that Jennifer Dawson-Waz, the studio and it's instructor's will not be held liable for ANY injuries sustained on the studio's premise or premise of the end of the year recital. Furthermore, I hereby waive and release any claims for damages including injury to my child, myself or family members from any act or failure to act by DDA and its representatives. I understand any deposits or payments I make to DDA are non-refundable.

Legal Guardian or Student Signature (over 18 years old) _____ Date _____