



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*) \$ _____

First Month Tuition - September 2016 (*non-refundable*) \$ _____

Last Month Tuition - May 2017 (*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 _____