Date:

Office Use Only:

Check/Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dana’s Dance Center

300 5th Street

Monaca, PA 15061

724-777-3736

danasdancecenter@live.com

**NON-REFUNDABLE REGISTRATION FEE: $55.00** Payable to Dana’s Dance Center (Registration Fee must accompany this application for class placement). *This Fee also includes a non-refundable $20 Costume Deposit.*

*Please print clearly:*

Student Name: Birth Date: Age:

Address:

City: State: Zip Code:

*Acro \_\_\_\_\_ Acro Solo \_\_\_\_\_ Stretch \_\_\_\_\_ Conditioning \_\_\_\_\_\_ Solo \_\_\_\_\_ Ballet \_\_\_\_\_ Tap/Jazz \_\_\_\_\_\_\_*

*Parent Information:*

Mother: Home #: Cell #:

Father: Home #: Cell #:

Preferred E-mail Address:

New Student? Or Dance Experience: Referred by:

List any special medical conditions, etc.

Upon receipt of this application and fee, an acknowledgement letter will be sent with your scheduled class placement. (Class Schedules are subject to change)

**HOLD HARMLESS AGREEMENT**

I, the parent or legal guardian of the student above, give my approval for his/her participation in all activities this dance season and understand that Dana’s Dance Center will provide supervised instruction for my child. I understand that any risks and injuries are incidental and indemnify and hold harmless Dana’s Dance Center, Dana Morell-Verrico, Matt Cucinello (Building Owner), Judith Nudi (Building Owner), and all supervisors and teachers. I waive all claims against any and all of them while the above student is in their supervision and in their attempt to attain proper medical attention should an injury occur.

Parent/Guardian Signature: Date:

**IN CASE OF EMERGENCY OR CLASS CANCELLATION, PLEASE COMPLETE THE FOLLOWING:**

**Name: Relation to student:**

**Phone #:**