



REGISTRATION FORM FOR 2012-2013

Question? Email us at DowntownDancePA@gmail.com
or Call (570) 768-9379

Dancer's Name:		Dance Class:	Day	Time	Class Name
Email Address:		Dance Class:			
		Dance Class:			
Birthday:	Age:	Grade:		School:	
Guardian's Name & Relation:					
Home Phone #:		Cell #:		Cell #:	
Home Address:					

1. How did you hear about us? _____

2. Do you have any medical problems that we should be aware of? If yes, please explain. _____

3. Do you have any allergies? If yes, please explain. _____

4. Please list an Emergency Contact:

Name: _____ Relation: _____ Phone#: _____

I hereby release Downtown Dance, employees/independent contractors from all liability from personal injury, illness, or property damage occurring on or off the studio's premises. I have read Downtown Dance's General Information & Studio Policies as outlined. I authorize Downtown Dance to seek medical treatment at the nearest medical facility and they may call paramedics and discharge me/my student to an ambulance if I am not able to authorize it in the case of a medical emergency. I certify that my student is in good health and capable of participating in physical activities. I hereby give permission to Downtown Dance to take and use photos and video for the promotional uses of the studio. This includes posting on the studio's Facebook page and Youtube Channel where students' names will not be disclosed. Lastly, I understand that tuition is non-refundable.

Signature: _____ Date: _____

*Please submit this form with the \$15 Registration Fee (cash/check) to reserve your spot in class. These may be snail mailed to us at Suite 201, 434 Market Street Lewisburg, PA 17837. Otherwise, you may drop it off in our 1st floor Drop-Box anytime Mon-Sat. Please note that the first tuition payment installment is due at your child's first class.

