



REGISTRATION FORM FOR 2013-2014

Questions? Email us at DowntownDancePA@gmail.com

Call (570) 768-9379 or View www.downtowndance.org

Student's Name: _____

Email Address: _____

Birthday: ____ - ____ - ____

Age: _____

Grade: _____

School: _____

Day

Time

Class Name

Dance Class: _____

Dance Class: _____

Dance Class: _____

Dance Class: _____

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 (any allergies)? If yes, please explain.

3. 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 Information & Policies handout. 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 but is not limited to 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.

