



Registration Form 2017-2018

Name _____

Parent's Name _____

Mailing Address _____

Email(for billing and information) _____

Phone Number _____

Emergency contact and phone number during class _____

Age _____ Grade _____

Years completed at last recital _____

Enrollment:

Class/Classes _____

Price _____ **Monthly** _____ **Semester** _____ **Cash** ___ **Check#** _____ **Invoice** ___

Reg. fee _____

Total _____

Liability Release

I, (Parent/Guardian's Name) _____, release Heather Leonard, Heather Leonard's Danceworks LLC employees, the Byrneville Community Center and Escambia County Parks and Recreation Department from all liability concerning my dance student, (Student's Name) _____.

Parent or Guardian Signature _____ Date _____