

DANCE EXPRESS REGISTRATION FORM

WAIVER: DANCE EXPRESS assumes no responsibility for accidents, injuries, illnesses or personal loss during the instruction of dance classes at this facility. By signing this form you agree to all of the DANCE EXPRESS policies and guidelines.

Student's Name: _____ **Age** _____ **Birthdate** _____

Address: _____ **City:** _____ **Zip:** _____

Parents Name: _____

Home Phone: _____ **Parent(s) Work Phone(s):** _____

In Case of Emergency: Name _____ **Number** _____

EMAIL ADDRESS: _____

Date: _____ **Parent Signature:** _____

DANCE EXPRESS PERMISSION TO PHOTOGRAPH

I GIVE DANCE EXPRESS PERMISSION TO PHOTOGRAPH MY CHILD FOR USE ON THE WEBSITE AND ADVERTISING PURPOSES. YES OR NO. PLEASE CIRCLE ONE AND SIGN.

PARENT SIGNATURE _____