

Gray's School Of Dance Registration form

Student Name _____
Last First M.I.

Address: _____
Street Apartment/Unit

_____ City State Zip Code

Birth Date: _____ Age: _____ Cell Phone #: _____

School: _____ Grade in School: _____

Dance Classes: Ballet _____ Tap _____ Jazz _____ Tumbling _____ Pointe _____

Guardian Information

Name _____
Last First

Home Phone #: _____ Work Phone # _____

Cell Phone # _____ Alternate Phone # _____

E-Mail Address _____

Payment Information

Responsible for Payment: _____

Address: _____

Phone # _____ Cell Phone # _____

If you are not responsible for the full payment, please list all parties that will be paying.

Emergency Contact Information

Contact: _____ Relationship: _____

Phone # _____ Alternate Phone # _____

Additional Information

List any known allergies or medical problems: _____

How did you hear about us: _____

I have read and acknowledge all fees, due dates, and procedures. _____

Please return completed form and \$20.00 registration fee to:

Gray's School Of Dance
109 1/2 W Madison Street
Ottawa, IL 61350

OFFICE USE: Date Rcvd _____ Check # _____ Cash _____

Liability Waiver

Gray's School Of Dance provides classes and training at the exclusive risk of the participants. It is strongly recommended that students are covered by their own family insurance policy. Gray's School Of Dance is not responsible for any damage or loss to personal property or any accident or injury suffered whether on or off the studio premises or during any associated event or activity. Your signature indicates full acceptance and understanding of this liability waiver and all studio policies including but not limited to...

_____ *All Registration, Tuition and Costume payments are NON-REFUNDABLE. Tuition will not be adjusted for missed classes.*

_____ *You are responsible for payment of all classes student is enrolled in (even if absent) until written notice of withdrawal has been received by Gray's School Of Dance.*

_____ *Photo release authorization*

Parent/Guardian Signature: _____ **Date:** _____

*Thank You for choosing our studio,
Patty Gray & Staff*

2nd Student Information

Student Name _____
Last First M.I.

Address: _____
Street Apartment/Unit

_____ City State Zip Code

Birth Date: _____ Age: _____ Cell Phone #: _____

School: _____ Grade in School: _____

Dance Classes: Ballet _____ Tap _____ Jazz _____ Tumbling _____ Pointe _____

3rd Student Information

Student Name _____
Last First M.I.

Address: _____
Street Apartment/Unit

_____ City State Zip Code

Birth Date: _____ Age: _____ Cell Phone #: _____

School: _____ Grade in School: _____

Dance Classes: Ballet _____ Tap _____ Jazz _____ Tumbling _____ Pointe _____