



1055 Century Drive, Edwardsville, IL 62025
618-656-3200

Date Received: _____

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STUDENT REGISTRATION

\$15 Registration Fee – since classes fill quickly we ask that you pay the first monthly fee at registration to hold your space. Class fees are due the first week of the month.

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DANCER INFORMATION

Dancers Name: _____
Address: _____
City: _____ State _____ Zip _____
Age as of Sept. 1, 2011 _____ Birth Date (M/D/Y) _____
Grade Entering for 2011/2012 Year: _____

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PARENT INFORMATION

Parents Name: _____
Home Phone: _____ Cell Phone: _____
Email: _____

How did you hear about Studio E Dance? _____

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REGISTERING FOR CLASSES

Class Name

Day: _____ Time: _____ Age Group: _____ Class Type: _____

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Liability Release: I, hereby release Studio E Dance, LLC, all employees, and instructors from all liability of damages, injuries, or expense due to injuries that may occur to my son/daughter during their participation in class or other dance activities sponsored by Studio E Dance LLC. I acknowledge that certain types of injuries are common and inherent in dance-related activities, and hereby agree that I, my child, our assignees, heirs, distributes, guardians and legal representatives will not make a claim, demand, or cause of action against Studio E Dance LLC, employees and instructors employed by or contracted by Studio E Dance. They are not liable for personal injury or loss of/damage to personal property while attending Studio E Dance activities or participating in off-premise activities sponsored by Studio E Dance LLC.

I have read, understand and agree to all policies listed:

Signature of Parent or Guardian: _____ Date: _____