

REGISTRATION FOR CLASSES

YOU DO NOT NEED TO REGISTER FOR EACH SESSION!!

\$25 Registration fee needed!

First Student Name: _____ Dancer DOB: _____ Age: _____ M/F

Student Allergies/Health Condition: _____

Second Student Name: _____ Dancer DOB: _____ Age: _____ M/F

Student Allergies/Health Condition: _____

Third Student Name: _____ Dancer DOB: _____ Age: _____ M/F

Student Allergies/Health Condition: _____

PRINT Email: _____

BOTH Parents/Guardian Name: _____

Address: _____

Cell Phone: _____ **Mother/Father** **Home Phone:** _____

Emergency Name & Phone: _____

Mom's Employment: _____ **Dad's Employment:** _____

Dancer Health Condition: _____

Dance School Previously attended: _____

I give permission for the student named above to receive instruction at Oxford Center for Dance, Inc. I give permission for any photos and/or videos taken of my Child/children named above to be published in any Oxford Ctr for Dance, Inc. advertising, promotions, websites, yearbooks etc.

I release and discharge the sponsoring organization, Oxford Center for Dance, Inc, its agents, servants and employees from any and all claims for personal injuries or property damage sustained by the student named above while in or around the present studio location as well as during off premises activities such as, but not limited to yearly recitals, competitions, meets, conventions and seminars.

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

TUITION DUE THE FIRST WEEK OF THE SESSION! A \$20.00 LATE FEE per month will be added to all overdue accounts.

Student #1.....	Class Day/Time.....	Level.....	Class #.....	Teacher.....	
Student #2					