

BROADWAY BOUND DANCE ACADEMY

Fall 2010 Registration Form

Returning Students: The classes your teacher(s) feel best suit your age and ability level have been highlighted or circled on your enclosed schedule.

New Students: If you need help with proper class placement, please call us at (610) 891-9959.

Please fill out one form per student

Student's Name: _____ Birthdate: ___/___/___

Address _____

Home # _____ Work # _____ Cell# _____

Parents Name _____

Are there any health concerns we should be aware of? No _____ Yes _____ (if yes, please write on the back of this paper)

Please list all classes you will be taking: _____

By signing this contract I agree to submit payment in a timely fashion for the duration of services rendered. I understand that tuition is based on the amount of classes per year, not per month. For my convenience, my yearly fee has been divided into nine monthly installments regardless of how many class I/my child attend in any given month. I realize that no refunds will be given if a student decides to discontinue class before the end of any given month, but I will not be responsible to pay the remaining installments once instruction has been discontinued. It is the student's responsibility to attend all classes, and there will be no refunds, discounts, or credits given for classes missed.

By signing this contract I understand that dance is a physical sport, and that there are certain risks involved. I agree that Broadway Bound Dance Academy and all those associated with it are not to be held responsible in the event of injury or loss of property.

Signature of Parent (Student if over 17)