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www.hadance.com



**WEST UNIVERSITY
 DANCE CENTRE**

ID # _____

Date Enrolled _____

| | | | | |
|-----------|----------------|-------|---------------|-----------------|
| Student's | First Name | _____ | Last Name | _____ |
| Student's | Address | _____ | | |
| | City | _____ | State | _____ Zip _____ |
| Student's | Date of Birth | _____ | Home Phone | _____ |
| Mother's | First Name | _____ | Last Name | _____ |
| Father's | First Name | _____ | Last Name | _____ |
| Mother's | Home Phone | _____ | Work Phone | _____ |
| Father's | Home Phone | _____ | Work Phone | _____ |
| Mother's | Cell Phone | _____ | Father's Cell | _____ |
| Parent | E-mail address | _____ | Student email | _____ |
| | Class | _____ | Day/Time | _____ |
| | Class | _____ | Day/Time | _____ |
| | Class | _____ | Day/Time | _____ |
| | Class | _____ | Day/Time | _____ |
| | Class | _____ | Day/Time | _____ |
| | Class | _____ | Day/Time | _____ |

My child is in good health and is physically capable of participating in any classes. My child has no physical condition that would be adversely affected by his or her participation in any class offered. I am aware that there is an inherent risk of injury in any class and release West University Dance Centre, all of its employees, their heirs and assigns from any and all responsibility and liability arising out of his or her participation in any class or any other activities conducted on the premises. _____ Please initial

We reserve the right to photograph and video record programs and participants for training, advertising, promotional activities, and any other lawful purposes. _____ Please initial

New Students:
 We would like to know how you found out about West University Dance Centre. Please circle one of the choices listed below:

Internet Yellow Pages Kids Directory Newspaper Referral Walk-in Other _____

Signature of Parent _____ Date _____

For enrollment, please have the required registration form, registration fee and first tuition payment. We accept checks, cash and Visa/Master Card. Please present card at time of registration. When faxing or emailing a registration, please call us to provide credit card information for required payment.

| | | |
|----------------------|-------------------|----------------------|
| For office use only: | | |
| Reg. fee _____ | Class Hours _____ | Tuition \$ _____ |
| Check No. _____ | Charge _____ | Cash Receipt # _____ |
| Option I _____ | Option II _____ | Option III _____ |

