

STUDENTS NAME(S): _____ Allergies _____

PARENTS NAME: _____

ADDRESS: _____ HOME PHONE # _____

_____ PARENTS CELL # _____

PARENTS E-MAIL ADDRESS. _____

(please print clearly. You will be put on the email contact list)

CHILD'S AGE AS OF DEC. 31, 2016 _____

DATE OF BIRTH _____

I hereby grant permission for the above mentioned child/children to participate in the Denise Lester Dance Academy dance classes.

I hereby release the Denise Lester Dance Academy and all staff members from all claims and damages arising from participation of my child in such activities whether it is in class, recital, exams, showcases, or competition.

Pictures and video of the students may be used on our web site, on our face book page or for other forms of advertising for the studio.

It is the parent's responsibility to make their child understand that pictures/video taken by students, parents or anyone not employed by the studio may NOT be posted on social media without the expressed permission from Denise Lester Dance Academy and the person(s) in the picture or video. Please refer to "Terms and Conditions" on the website for further info.

The balance for costumes is the responsibility of the parents to pay once the non-refundable costume deposit has been paid. If you take part in competition, the competition entrance fees are non-refundable.

SIGNED: _____ RELATIONSHIP TO CHILD: _____

DATE: _____

Classes signed up for: _____

