



Registration Form

STUDENT NAME:	DATE OF BIRTH:
NAME OF PARENT/GUARDIAN:	
ADDRESS:	POSTAL CODE:
HOME PHONE NUMBER:	WORK/CELL NUMBER:
E-MAIL ADDRESS:	EMERGENCY CONTACT:
ALLERGIES/MEDICAL CONDITIONS:	

COURSE	DAY	TIME

I AGREE TO PAY THE ABOVE STUDENT'S FEES ON OR BEFORE THE FIRST DAY OF EACH TERM UNLESS PRIOR NOTICE TO CANCEL THE CLASS HAS BEEN GIVEN.

I UNDERSTAND THAT HEIDI KNAPP, GRACE ACADEMY OF DANCE AND PERFORMING ARTS, AND TEACHERS OF THE ACADEMY CANNOT BE HELD RESPONSIBLE FOR ANY INJURY AS A RESULT OF ACCIDENT THAT MAY OCCUR IN CLASS OR PERFORMANCE.

I RELEASE THE ABOVE NAMED SCHOOL AND TEACHERS FROM LIABILITY IN CASE OF ACCIDENT OR INJURY.

SIGNATURE OF PARENT/GUARDIAN