

Registration Form



How did you hear about us _____

Parent 1 _____

Parent 1 Cell Phone _____ Work _____

Parent 2 _____

Parent 2 Cell Phone _____ Work _____

Address _____

City _____ State _____ Zip _____

Student's Name _____ (1 registration form per student please)

Student's Home Phone _____ Male _____ Female _____ Birthdate _____

***Email 1: _____ Email 2: _____

*** Please note, to cut down on waste and to be environment friendly, our primary method of communication is via email.

Emergency Contact _____ Emergency Phone _____

For Staff Use Only	
<input type="checkbox"/>	Registration form is signed
<input type="checkbox"/>	Entered into Akada
<input type="checkbox"/>	Registration Fee charged
<input type="checkbox"/>	Recital Fee (if applicable)
<input type="checkbox"/>	Autopay Rate/Non-autopay rate
<input type="checkbox"/>	Policy On File - entered

As a participant and/or parent or guardian of the above named students and any family member I add henceforth, I understand that a non-refundable yearly fee of \$25 per child with a \$50 family maximum, is due at the time of registration. I understand that tuition is due on the 1st of each month and is non-refundable. In the event tuition is not paid before the 10th of each month, a tuition increase of \$10 will be applied to my account. I agree to pay a fee of \$25 for each returned check or other payments which are declined by my financial institution. In the event that I choose to withdraw myself or my child from class(es), I agree to inform the office administration directly and immediately by phone or in writing. I am aware that tuition will continue to accrue until I notify the office directly, and that I am responsible to pay for tuition until I notify the Harbor Dance and Performance Center that my dancer is dropping classes. I am aware that participation in dance activities involves the use of ballet barres, equipment, and strenuous exercise in an environment which the student may not be familiar . I understand that the exercises and maneuvers involved in dance can result in serious injuries. These injuries can occur even though all reasonable safety precautions are taken.

In consideration for being permitted to participate in Harbor Dance activities, I hereby waive and release all rights and claims for damages against Harbor Dance and Performance Center, members, sponsors, and their respective agents, representatives, successors, and for any and all responsibility and liability of any nature for injuries which may be suffered by me or my child in connection with any participation in Harbor Dance activities, and I further understand that there are risks involved, which I am willing to assume on behalf of myself and/or my child. I am aware that my picture and/or my child's picture may be taken during classes, and be used for promotional or display purposes. In executing the waiver and release, I understand that I am waiving any claims against Harbor Dance and Performance Center for any injury or damage that I or my child might suffer as a result of participation in dance activities.

Signed (Participant/parent or guardian) _____ Date _____

PLEASE TURN OVER TO COMPLETE THE FORM

*Harbor Dance and Performance Center
6820 Kimball Drive Suite E
Gig Harbor, WA 98335
253-858-5550
www.harbordance.net*

Harbor Dance class selections: Please be advised that when enrolling in any class above level 1, on occasion a dancer may need to be moved to a better suited class level based on instructor recommendation.



Class	Day	Time

Medical Information

Medications _____

Allergies _____

Health Insurance Carrier _____

Medical or special information we should be aware of?

Nearest ER or Hospital acceptable to take you/your child? YES _____ NO _____

If no, preferred hospital? _____