



REGISTRATION FORM

Students Name: \_\_\_\_\_ Students D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_ Parent Cell Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (        ) \_\_\_\_\_ - \_\_\_\_\_

*Our EVERYbodyDANCE classes are 60 minutes and will be geared towards any special needs our students may require. Our staff is prepared for and welcoming of all students and all abilities. Each session is 6 weeks long. The cost per each 6 week session is \$125.*

*Please circle Summer or Fall (unused summer classes may be used for fall session.)*

Summer Session Tuesdays 10:30am OR Saturdays 9:30am July 10 – August 14

Fall Session Saturdays 10:30am September 22 – October 27

**Date of Registration:** \_\_\_\_\_ **Total due \$125**

*Reminders: Paid Tuition is non-refundable. Return checks are subject to a fee of \$35. Payment is due at registration.*

NOTIFICATION OF PERSONAL RISK Dance classes use various levels of physical effort. Participants and parents/guardians must be aware of the inherent risks to bodily injury resulting from dance. Every precaution is taken to prevent/avoid injury.

POLICY OF PERSONAL PROPERTY AND VALUABLES Evjen cannot be responsible for theft, loss or damage of personal property. Please use dance/athletic bags for personal belongings, to be kept in waiting room or classroom.

HOLD HARMLESS AGREEMENT I agree to hold harmless the Evjen, against any and all injuries, costs, losses, damages and expenses (including attorney’s fees) which I or member of my family might suffer from participation in any class, production, rehearsal or event of any kind or character without limitation.

By signing this agreement, I understand I am waiving any claims, liens, demands or causes of action, which I may now or in the future possess against the Evjen arising out of or in any way related to my participation in any class, production, rehearsal or event of any kind or character without limitation.

I have read and fully understand the above policies and guidelines for the Evjen Academy of Performing Arts, LLC.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for choosing the EVERYbodyDANCE program at Evjen Academy of Performing Arts*  
*Office use: Amount paid \_\_\_\_\_ Cash Check CC      Staff initial: \_\_\_\_\_*