

Dancer Name: _____ Age: _____

Birthday: _____ Gender: (circle) Male Female NB

Parent(s) Name: _____

- New families, please fill-out form completely.
- Returning families, if your info hasn't changed, write "SAME" over the contact section below.
- All families must have a parent initial the disclaimer & sign/date.

Address: _____ City/State/Zip: _____

Cell (Mom): _____ Cell (Dad): _____

Email: _____ Emergency Contact: _____

Emergency Relation to Dancer: _____ Emergency Phone: _____

Dancer Medical Conditions / Allergies: _____

How did you hear about us? _____

Requested Instructor: _____

Requested Dates & Times:

Pricing: 30-Minute Lesson: \$35.00 / 45-Minute Lesson: \$50.00 / 60-Minute Lesson: \$65.00

My initials & signature below verify that I agree to the following:

____ I acknowledge & understand that when participating as a member of Dance Avenue Inc there is a possibility I may sustain physical illness or injury in connection with participation. I release Dance Avenue Inc from any claim for personal injury or illness that I may sustain while participating or performing with Dance Avenue Inc.

____ **Payment can be made in advance or on the day of my private lesson. Cancellation Policy: If I must cancel a Private Lesson, I must contact Dance Avenue by email at least two hours before my lesson start time. Cancellations made after the two hour mark or no call / no shows are subject to a \$10 cancellation fee.**

Parent Signature: _____ **Date:** _____