

2017 Fall Registration Form

IMPACT PERFORMING ARTS

Student Name (First): _____ (Last) _____

Parent/Guardian: _____ Email: _____

D.O.B _____ Age _____ Home Phone: _____ Cell _____

City of Residence _____ School Attending _____ Grade _____

Any Injuries or Illnesses? NO YES If Yes, what are they? _____

DAY	TIME	CLASS DESCRIPTION	TEACHER

Payment is due in FULL on for before the first class. Class fees are non-refundable.

Additional \$160 for Advanced Modern, Advanced Jazz and Advanced & Advanced/Pointe Ballet.

30 Minute Class, Pre-Pointe (Thursday) = \$160

25% Sibling Discount on dance classes fee ONLY. NO Sibling Discount for DanceWorx Company Members

Participation in any Impact Performing Arts activity on or off site, and use of recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities conducted by Impact Performing Arts, I/we, as individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless Impact Performing Arts, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my child or family members accruing during his/her/our participation in any activity or use of any recreational facility at or conducted by Impact Performing Arts. Impact Performing Arts, its officers, directors, independent contractors, volunteers and all employees are not responsible and or liable for children before or after students dance class. I/we, as individual or as a parent or guardian am responsible for prompt drop off and pick up of my child or family members attending Impact Performing Arts. I also agree to the use of my child's photo/video for Impact Promotional purposes.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____

Payment Information

Make checks payable to Impact Performing Arts. Check # _____ OR

Credit Card # _____ EXP DATE _____ CID# _____

WB _____	CC _____	SS _____
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