

REGISTRATION FORM

Student's Name _____ Age _____ Date of Birth ____/____/____

Parent's Name _____ Grade _____ Contact Number _____

Address _____

City _____ Zip _____

Email Address _____

This will be my _____ year of dance at the *Patti Schmidt Dance & Exercise Center*.

DANCE & EXERCISE OFFERINGS *Register Today!* Call: 718-225-5252

Combo – Day ____ Time: _____ Acro- Day ____ Time: _____

Ballet - Day ____ Time: _____ Pointe – Day ____ Time: _____

Hip Hop/Jazz – Day ____ Time _____ Tap - Day ____ Time _____ Stretch – Day ____ Time _____

Office Use Only – Registration Fee _____

Tuition Payment _____

Payment Date: ____/____/____

The *Patti Schmidt Dance & Exercise Center* is not liable for any injuries or losses. I give my child, who is in good physical health, permission to participate at the *Patti Schmidt Dance & Exercise Center*. I have read, understand, and am in agreement with the information contained in this brochure, and agree to abide by all studio & performance policies.

_____ **Yes** I give permission for my child's image to be used for promotional and publicity purposes.

_____ **No** I do not give permission for my child's image to be used for promotional and publicity purposes.

Signature _____ Date ____/____/____