

High Desert Dance Arts - Registration Form - (1 per dancer)
 320 N Main St Ste 203, Prineville, OR 97754 * (541)447-6826 *email: damce@HighDesertDanceArts.com

Billing Name _____ Home # _____ Cell # _____
 Billing Address _____ City _____ State _____ Zip _____
 E-Mail for Info/Billing _____
 Parent 1 _____ Home # _____ Cell # _____
 Employer _____ Work # _____ Ext _____
 Parent 2 _____ Home # _____ Cell # _____
 Employer _____ Work # _____ Ext _____
 Emergency Contacts: Name _____ Phone # 1 _____ Phone # 2 _____
 Name _____ Phone # 1 _____ Phone # 2 _____
 Daycare: Name _____ Phone # 1 _____ Phone # 2 _____
 Dancer's Name _____ Date of Birth _____ Age _____ Sex _____ Grade _____
 Dancer's Cell # _____
 School Attended: _____ School Times: Start _____ Ends _____
 Medical Information Pertinent To Dance (i.e. seizures, back, knee...) _____

 Dr. Name _____ Drs. Phone # _____

POLICY/RELEASE STATEMENT

I have read, understand and agree to abide by the guidelines set forth in the 2010-2011 Policies. I also agree to release High Desert Dance Arts, LLC, and the teachers therein from responsibility should any injury occur and I waive all claims against any injury, damage or loss to bodily or personal articles which may occur at High Desert Dance Arts in their classes, rehearsals, performances, field trips or any other activities associated with the Studio.

(please initial)

- I give permission for High Desert Dance Arts to use photos for advertising purposes, which may include my dancer.
 I would like all information pertaining to the dance season via the email provided above.
 -or-
 Please keep mailing information to my account address.

Parent/Guardian Signature _____ Date _____

Dancer's Signature _____

We must have a signed policy/release release BEFORE you can attend any class!!

CLASS NAME (see schedule)	DAY	TIME	MONTHLY TUITION (see schedule)	SEPTEMBER ½ month
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total REGULAR Monthly Tuition: _____			Total SEPTEMBER Tuition: _____	
In the case of 3 or more classes per family, \$2.00 per class will be deducted from the 3 rd & 4 th class and \$4.00 per class from any additional classes. (except when paying for a partial month)			\$20.00 Costume Deposit <i>x number of classes (may deposit more)</i> - + _____	
			Nonrefundable Registration Fee - + \$18.00	
			TOTAL PAYABLE AT REGISTRATION = _____	