

**High Desert Dance Arts - Registration Form - (1 per dancer)**

320 N Main St Ste 203, Prineville, OR 97754 \* (541)447-6826 email: [dance@HighDesertDanceArts.com](mailto:dance@HighDesertDanceArts.com)

Dancer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Dancer's Home # \_\_\_\_\_ Dancer's Cell # \_\_\_\_\_

Address (if different than Billing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attended: \_\_\_\_\_ School Times: Start \_\_\_\_\_ Ends \_\_\_\_\_

Billing Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail for Info/Billing \_\_\_\_\_ (trying, as much as possible, to go paperless in 2011)

Parent/Guardian 1 \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Ext \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Ext \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

Daycare: Name \_\_\_\_\_ Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

Medical Information Pertinent To Dance (i.e. seizures, back, knee...) \_\_\_\_\_

Dr. Name \_\_\_\_\_ Drs. Phone # \_\_\_\_\_

**POLICY/ PHOTO 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/photo release BEFORE you can attend any class!!**

CLASS NAME (see schedule)	DAY	TIME	MONTHLY TUITION (see schedule)	SEPTEMBER 3/4 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<sup>rd</sup> & 4<sup>th</sup> class and \$4.00 per class from  
any additional classes. (except when paying for a partial month)

\$20.00 Costume Deposit x number of classes (may deposit more) - + \_\_\_\_\_  
Nonrefundable Registration Fee - + 20.00  
**TOTAL PAYABLE AT REGISTRATION = \_\_\_\_\_**