



Registration Form

Student Name: _____
Last First Middle

Address: _____

Postal Code: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Business Phone: _____

Emergency Contact Name: _____

Emergency Phone: _____ Other Phone: _____

Medical Conditions (if any): _____

E-mail: _____

Types of Dance: Competitive Recreational

Acro Ballet Lyrical Tap

Hip Hop Jazz Musical Theatre

Private _____ Semi-Private _____

Artistic Director/Instructor: Chantelle Leonardo, B.A.T.D
Director: Mary Leonardo

Release/Disclaimer:

Registration will not be accepted without the legal signature.

I, _____, the authorized legal representative of _____, jointly and severally hereby releases, discharges, and acquits Tha Spot Dance Centre, including Chantelle Leonardo and all employees, teachers, and agents from any and all claims for damages or injuries of any kind, nature or description, resulting from Tha Spot Dance Centre activities. This expressly includes, but is not limited to, any injury or damage caused by or resulting from the negligence of Tha Spot Dance Centre, Chantelle Leonardo, employees, teachers, agents, etc. I acknowledge the fact that certain types of injuries are common and inherent in dance and tumbling-related activities. This release includes but is not limited to this type of injury. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives. I have read and understand all Tha Spot Dance Centre policies and agree to abide by those policies and make all payments necessary for participation in Tha Spot Dance Centre activities.

Authorized Legal Representative Signature _____ Date _____

No.	SUBJECT	Day	TIME
1.			
2.			
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15.			

Visa # _____ Exp. _____

MasterCard # _____ Exp. _____

Costume Deposit: _____

Registration Fee: _____

Payments:

September:

February:

October:

March:

November:

April:

December:

May:

January:

June: