



2615 West Casino Road Suite 3b Everett, WA 98204
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ph. 425.513.2919
fax 425.290.1014

2018-19 Registration Form

Home Phone _____

Student's Name _____

Cell Phone _____

Street _____

Apt. _____

City _____

Zip _____

E-mail _____

Birthday _____

Age _____

Parent's Name _____

Employer _____

Work Phone _____

Student's School _____

Family Physician _____

Physician's Phone _____

Medical History/ Allergies _____

Insurance Provider _____

Emergency Contact (other than a parent) _____

Phone _____

Class Interest		
Class	Levels	Day & Time
Dance Basics	_____ / _____	_____
Ballet/Jazz/Tap Combo	_____ / _____	_____
Ballet	_____ / _____	_____
Jazz	_____ / _____	_____
Tap	_____ / _____	_____
Contemporary	_____ / _____	_____
Modern	_____ / _____	_____
Hip Hop	_____ / _____	_____
Additional	_____ / _____	_____
Dance Team	_____ / _____	_____

Tuition		
Registration Fee \$25.00		
Monthly Tuition		
1 class	55.00	<input type="checkbox"/>
2 classes	95.00	<input type="checkbox"/>
3 classes	120.00	<input type="checkbox"/>
4 classes	135.00	<input type="checkbox"/>
5 classes	150.00	<input type="checkbox"/>
6 classes	165.00	<input type="checkbox"/>
7 classes	180.00	<input type="checkbox"/>
8 classes	195.00	<input type="checkbox"/>
Dance Team	35.00	<input type="checkbox"/>

Dance Release

In enrolling my child or myself at Allegro Dance Studios understand that I, he, or she, in attending the school and using the facilities, does so at my, his, or her own risk. School instructors shall not be liable for any damage arising from personal injuries sustained by participating in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises. In consideration of your acceptance of mine or my child's entry, I, intending to be legally bound, do hereby waive, release, and forever discharge any and all rights and claims against Allegro, its owner, instructors an or any involved personnel for damages or injury sustained by myself or my child while participation in any dance activity, or practice directly or indirectly related to Allegro whether incident takes place on the premises or traveling to and from premises. Allegro reserves the right to refuse service for any reason.

Consent Waiver

I do hereby grant authority to the staff of Allegro Dance Studios to render a judgment concerning medical assistance or hospital care in the event of an injury or illness during my absence.

Tuition Agreement

Please make checks payable to Allegro Dance Studios. There is a registration fee of \$25.00 paid once a year. Tuition is paid in full due the first class. No refunds will be given. A \$25.00 fee will be charged on all returned checks regardless of the reason. YOU MUST PAY THE REGISTRATION AND FIRST MONTH'S TUITION TO REGISTER FOR CLASSES.

I agree to abide by all of the above conditions and fees.

Signed, _____

Date _____