

# 2615 West Casino Road Suite 3b Everett, WA 98204 www.danceallegro.com info@danceallegro.com

ph. 425.513.2919 fax 425.290.1014

## 2016-17 Registration Form

Class	lass Interest Levels	Day & Time		Tuition		
Emergency Contact			Phone			
nsurance Provider						
Medical History/ Allergies						
amily Physician			Physicia	Physician's Phone		
Student's School						
Employer			Work Ph	Work Phone		
Parent's Name						
Birthday			Age			
E-mail						
City			Zip	Zip		
Street			Apt.	Apt.		
Student's Name			Cell Phor	Cell Phone		
			Home Ph	ione		

	Class Interest	
Class	Levels	Day & Time
Dance Basics	/	
Ballet/Jazz/Tap Combo		
Ballet	1	
Jazz		
Tap		
Contemporary		
Modern		
Нір Нор	/	
Additional		
Dance Team	1	

Tuit	ion	
Registra \$2	tion Fee 5.00	
Monthly	Tuition	
1 class	50.00	
2 classes	90.00	
3 classes	110.00	
4 classes	125.00	
5 classes	140.00	
6 classes	155.00	
7 classes	170.00	
8 classes	185.00	
Dance Team	35.00	

#### **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 Agreemen**

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
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