



Young Dancers In Repertory

Sharing, Educating, Impacting... Since 1985

Office use: Date	_____
Reg. Fee	_____
Tuition	_____
Payment	_____
Balance	_____
Ck#	_____
Cash	_____

Center for Dance Studies Registration Fall 2021

Student #1: Last Name _____ First Name _____ Birthdate _____

School Attending _____ Age _____ Grade as of September 2021 _____

Dance Class #1/Level _____ Dance Class #2/Level _____ Dance Class #3/Level _____

Student #2: Last Name _____ First Name _____ Birthdate _____

School Attending _____ Grade as of September 2021 _____

Dance Class #1/Level _____ Dance Class #2/Level _____ Dance Class #3/Level _____

Student #3: Last Name _____ First Name _____ Birthdate _____

School Attending _____ Grade as of September 2021 _____

Dance Class #1/Level _____ Dance Class #2/Level _____ Dance Class #3/Level _____

Mother's Last Name _____ First Name _____

Father's Last Name _____ First Name _____

Address _____ City _____ Zip code _____

Home telephone # (____) _____ - _____ **E-MAIL:** _____

Mother's profession _____ Employer _____ work # (____) _____ - _____

Father's profession _____ Employer _____ work # (____) _____ - _____

Person responsible for billing: _____ other, name: _____

Address, if different from above _____

I hereby agree to participate/have my child participate in YDR's dance classes. I recognize the physical risks inherent in any dance program and I hereby agree to indemnify and hold harmless YDR and its instructional staff from any and all claims, costs, liabilities, expenses and judgments arising out of participation, or illness/injury therefrom. I also hereby give YDR and its staff and authorized official's permission to take photographs and make videotapes of my child while he/she is participating in classes and/or performance activities for the purposes of educational processes, fund-raising, public relations, and other specific reasons as deemed appropriate by the organization's Directors.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to YDR and its staff to obtain necessary emergency medical treatment for my child/myself with the understanding that the family will be notified as soon as possible.

Registering Parent/Guardian Signature: _____ Date: _____