



# Young Dancers In Repertory

Sharing, Educating, Impacting... Since 1985

Office use: Date	_____
<b>Reg. Fee</b>	_____
Tuition	_____
Payment	_____
Balance	_____
Ck#	_____
Cash	_____

## Center for Dance Studies Registration Fall 2022

Student #1: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School Attending \_\_\_\_\_ Age \_\_\_\_\_ Grade as of September 2022 \_\_\_\_\_

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 2022 \_\_\_\_\_

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 2022 \_\_\_\_\_

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: \_\_\_\_\_