



2019-2020 REGISTRATION FORM

Please complete one form for each dancer enrolling

_____ circle M F
Student's Name

Parent/Guardian Name

Mailing Address

_____ City State Zipcode

_____ Email Address Telephone Number

_____ Date of Birth T-Shirt Size Referred By

Class	Dates	Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Release of Liability: I, as the legal parent or guardian of the above student, authorize his/her enrollment in the above classes and release the Charleston Dance Center, Inc. of all liability due to personal injury or loss of property. I have read the Studio Rules and Regulation and agree to abide by the protocol and requirements.

Signature _____ Date _____