

GOTTA DANCE! PERFORMING ARTS STUDIO LLC REGISTRATION FORM 2010-2011

One form per applicant. Please keep your own record of class title, time and day.

Mail to: Gotta Dance! Performing Arts Studio
 8075 Oswego Road Store # 12
 Liverpool, NY 13090

Primary Adult _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Email Address: _____ (Used for GottaDance! business only)

Emergency Information

Contact Name _____ **Phone** _____

Doctor _____ **Phone** _____

Does the applicant have any special medical considerations?

I understand every effort will be made to contact me, the listed contact person, or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat me, my child or my family.

Signature _____

Participant Name _____ **Sex** _____ **Age** _____ **Date of Birth** _____ **Grade** _____ **Class Fees**

Class Title _____ **Day** _____ **Time** _____ **\$** _____

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Class Title _____ **Day** _____ **Time** _____ **\$** _____

Non-Refundable Registration Fee **\$** _____

Payment Choice: Full Amount \$ _____ **(#) Payments** \$ _____

Total Fees **\$** _____

Payment Type: Cash _____ Check _____ Credit/Debit _____

Name on card _____

Credit Card Number _____ **Card Type** _____

Expiration Date (mm/yy) _____

Gotta Dance! LLC reserves the right, at any time, to cancel or change classes, days or times.

Bounced check fee: \$30.00 *No refunds or credits for cancelled or missed classes. Make up classes will be offered to any student who wishes to make up an absence.*

I, the adult applicant or I, the parent or legal guardian of the applicant listed below, hereby give approval of the applicant's participation in any and all GottaDance! activities registered above. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of GottaDance! programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator.

I also give permission for GottaDance! LLC to take photos or video of me or my child to use on www.gottadancenyc.com as well as other school promotional purposes and materials.

If any child exhibits behavior that is dangerous to herself/himself or to other students, GottaDance! LLC reserves the right to remove the child from the school.

Adult Applicant or Parent/Guardian Signature

Date
