



REGISTRATION

Please complete the form below. Both mail and drop-in registrations are welcome.

Parents' Name: _____

Student Name: _____ Age: _____ Birthday: ___ \ ___ \ ___

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please list any medical conditions\allergies\medications that the teacher may need to be aware of: _____

Emergency Contact: _____ Phone: _____

Please list any other person(s) authorized to pick up your child:

Name:	Relationship:	Phone:
_____	_____	_____
_____	_____	_____

Class Selections:

Class Name	Day	Time	\$/month

Classes are filled on a first-come basis. In order for a class to continue through the 40-week session, there will need to be a minimum of six students per class.

Tuition is billed on the 15th of each month and due on the 1st of each month. A \$25 late fee will be added to your account if payment is not received by the 10th of the month.

Level Dance Project
 1572 Whitehall Road
 Annapolis, MD 21409
 Phone 410-349-3100

www.leveldance.com



On this _____ day of _____, 20_____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Level Dance Project, and nay of its employee's r agents representing r related to Level Dance Project. This Release is for any and all liability for personal injuries and property losses or damaged occasion by, or in connection with any activity or accommodations' for this dance studio. The undersigned further agrees to abide by all the rules and regulations promulgated by Level Dance Project and/or its affiliates.

Students Name (Please Print)

Date

Parent/Guardian Name (Please Print)

Date

Signature of Parent/Guardian

Date