

CLASS SCHEDULE:

Ballet: _____ Pointe: _____ Tap: _____
Hip Hop: _____ Jazz: _____ Acro: _____
Combo: _____ Bravo: _____

The Elsa Pardo Dance Center

Registration Form - PLEASE PRINT CLEARLY

DATE: _____

STUDENTS LAST NAME: _____ FIRST: _____

(SECOND CHILD) LAST NAME: _____ FIRST: _____

(THIRD CHILD) LAST NAME: _____ FIRST: _____

LEGAL GUARDIAN(S): Both Mother & Father Mother Father Other

Parent or Guardian(s) Name(s): _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ SCHOOL: _____

BIRTH DATE: _____ AGE: _____ BIRTH DATE: _____ AGE: _____

BIRTH DATE: _____ AGE: _____

TELEPHONE: HOME: _____ CELLULAR: _____

MOTHER'S WORK: _____ FATHER'S WORK: _____

IN CASE OF EMERGENCY - OTHER TELEPHONE NUMBER:

NAME: _____ NUMBER: _____ RELATIONSHIP: _____

NAME: _____ NUMBER: _____ RELATIONSHIP: _____

PREVIOUS BALLET TRAINING:

OF YEARS: _____ STUDIO(S): _____

OTHER FORMS OF DANCE TRAINING: _____

THE ELSA PARDO DANCE CENTER WAS RECOMMENDED BY:

Friend's Name: _____ By Attending our Performances: _____

Newspaper Ad: _____ Telephone Book: _____ Other (please specify): _____

REGISTRATION FEE: _____

MONTHLY TUITION: _____

TOTAL AMOUNT DUE: _____ PAID BY: CASH: _____ CHECK #: _____

I HEREBY ACKNOWLEDGE IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN THE ELSA PARDO DANCE CENTER'S PROGRAM THAT ELSA PARDO, THE "ELSA PARDO DANCE CENTER" & ITS INSTRUCTORS WILL NOT BE HELD LIABLE FOR ANY INJURIES SUSTAINED ON THE STUDIO PREMISES. FURTHERMORE I HEREBY WAIVE AND RELEASE ANY CLAIMS FOR DAMAGES INCLUDING ANY INJURIES TO MY CHILD RESULTING FROM ANY ACT OR FAILURE TO ACT BY EPDC AND ITS REPRESENTATIVES.

LEGAL GUARDIAN OR STUDENT'S SIGNATURE

DATE