

# NEW ATTITUDES DANCE STUDIOS

118 W. Washington St.  
226-8580  
NewAttitudesDance@hotmail.com

## Registration and Release Form

	<u>Class</u>		<u>Day</u>		<u>Time</u>
1.	_____	-	_____	-	_____
2.	_____	-	_____	-	_____
3.	_____	-	_____	-	_____
4.	_____	-	_____	-	_____
5.	_____	-	_____	-	_____

Monthly Tuition \$ \_\_\_\_\_

Students Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Birthday: \_\_\_\_\_ Student's Age: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of an emergency during class, contact: \_\_\_\_\_

### Waiver and Release

I understand that any injury or illness occurring in, around, or outside of, New Attitudes Dance Studios are not the fault of the company or the instructor. All personal belongings are the student's responsibility. The studio nor the instructors are responsible for lost or stolen property. In signing this waiver, I understand that New Attitudes Dance Studios is in no way responsible for any injury, illness, or properties of any persons.

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Parent Signature