

FLASH POINTE DANCE

1981 POST ROAD, Fairfield, CT 06824
259-1600/Fax 203-259-1610

Date Registered: _____ # _____

Dance	Fitness	Adult Dance
FPD Rep _____		Reg \$ _____
MC V Check # _____		
Payment\$ _____		
Trans # _____	Roll _____	
Stu. ID _____	Fam ID _____	
WD Date _____	FPD Rep _____	
Reason _____		

2008-2009 REGISTRATION FORM

Registration Fee: \$25 per Student (\$10 per each additional Family member) \$60.00 Tuition deposit
Non-refundable/non-transferable

Student _____ School _____

Date of Birth _____ School Grade Fall of 2008 _____ Age _____

Years of Dance _____ # of Classes/Year _____ Dance School _____

Address _____ City _____ Zip _____

Mother _____

Address _____ City _____ Zip _____

Home _____ Cell: _____ Work _____

EMAIL _____

Father _____

Address _____ City _____ Zip _____

Home _____ Cell: _____ Work: _____

EMAIL _____

Please list any medical concerns/allergies _____

Emergency Contact Person (not parent) _____

Relationship _____ Phone _____ Alt. Phone _____

***Please asterisk the best contact phone # to call in case of an emergency**

Circle One: Returning Newspaper Flyer Internet Yellow Pgs Drive By Referral by: _____

DAY	TIME	DANCE	LEVEL	AGE	INSTRUCTOR
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Waiver of Liability/Informed Consent

To the best of my knowledge, I do not have any physical limitations that would prevent me from participating in a dance or fitness class/program. I understand that I participate in this program entirely at my own risk. I acknowledge and accept the risks inherent to the participation in a dance/physical fitness program and assume the risk of any injury, accident, loss, cost or damage to my person or property which might arise through the participation in the program and services provided by Flash Pointe Dance, LLC. I shall hold this facility, its shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting there from.

I also acknowledge full understanding of the terms of my agreement with Flash Pointe Dance concerning payment and withdrawal policies and accept and will adhere to my obligations to the studio.

By signing below, I agree that I am over the age of 18 or I am the legal guardian of the participant and that I have read the above Waiver of Liability/Informed Consent and fully understand its content. I voluntarily agree to the terms and conditions stated above.

Printed Name of Participant _____

Signature of Participant _____ Date _____

Signature of Guardian _____ Date _____

I understand that FPD is a performance school, that there will be a performance at the end of the year, costumes will be a maximum of \$85.00 + Tax, and that tickets must be purchased to view the performance. I must notify the school, in writing, by **Oct. 15**, if my child will not participate in the performance. Initial _____ Date _____