

**BOZEMAN DANCE ACADEMY
ACADEMIC DANCE YEAR REGISTRATION FORM 2017-2018**

Student Name: _____ DOB: _____ Grade/Age: ____/____

Dancer Cell: _____ Dancer Email: _____

Parent/Guardian Name: _____ Parent Email: _____

We send most of our correspondence via Email. Please be sure to read our monthly updates as it contains important studio information

Address: _____ Parent Phone: _____

Injuries or other medical conditions: _____ How did you hear about us?: _____

School: _____ Who is allowed to pick-up students after class: _____

Class: Day & Time: _____ Class: Day & Time: _____

Class: Day & Time: _____ Class: Day & Time: _____

2018 Spring Recital Date **TBD**-All enrolled students of BDA are required to perform. A one-time fee per enrolled class of **\$80** includes the recital costume for you to keep is due **December 15, 2017**.
Recital Fees paid prior to December 1st will receive a \$10 discount per class.

Registration Fee: \$25 (Ind) ___/ \$35 (Family) ___ Please see monthly tuition sheet posted online and in studio.
\$10 discount if paid by May 31, 2017

By signing on the below line I agree that I have been informed to read the curriculum and cost sheet, registration/tuition policies and procedures, dress code and student behavior guidelines posted on bozemandanceacademy.com and within the studio facility in its' entirety and agree to adhere to the stated above guidelines Bozeman Dance Academy (BDA) follows. I understand that participation in dance classes with BDA, is at my and my child's own risk and that BDA is not responsible for any expulsion from the program, injury or illness that may occur. On behalf of myself and my child I accept these risks and waive and forever discharge BDA and its employees, officers, agents, independent contractors, successor and assigns from any and all causes of action or negligent violation of the law. In case of emergency if parent cannot be reached, I give my permission for my child to be treated at the nearest medical facility.

Print Parent or Guardian Name

Signature of Parent or Guardian

FOR OFFICE USE:

Registration Fee: \$25 Ind/\$35 Family (\$15; \$25 if before May 31, 2017) _____

Recital Fee Paid \$80 (\$70 if before 12/1/17) x _____ # of classes = _____

Monthly Fee/Semester Fee: _____

Total Paid Date: _____, check # _____