

The Dance Studio of Union Parish
 301 N. Lafayette St
 Farmerville, la
 318-548-0124

Registration Form

Registration Date:

Account No.

Session: DSUP 18-19

Billing Name

Address

City State Zip/Postal

Hm Phone Private

E-Mail

Parent 1 Hm. Phone

Cell Wk. Phone

E-Mail

Parent 2 Hm. Phone

Cell Wk. Phone

E-Mail

Emergency Contacts Phone

Phone

Phone

Phone

Student Name

Address

City State Zip/Postal

E-Mail

Birthdate Sex School Grade

Medical Info:

Dr. Name Phone

Classes

Name	Level	Room	Day	Time	Tuition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registration Fee:

Total Tuition:

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I have received, read, understand, and agree to abide by rules, regulations, and policies described in The Dance Studio of Union Parish brochure. I am aware that the rules, regulations, and policies may change during enrollment and are available on the DSUP website.

I agree that the name listed under "Billing Name" on the registration form will be held responsible for all payments and account charges incurred by persons listed on the registration form.

The Dance Studio of Union Parish shall not be liable in any way for injuries sustained during classes or at any of its related functions and I agree hereby to release The Dance Studio of Union Parish and employees from all liability for all personal injuries caused by, or arising from activities related thereto.

****IF BILLING NAME IS NOT A LEGAL GUARDIAN BOTH MUST SIGN BELOW****

Parent Signature: _____ Date: _____