



PEACHTREE CITY SCHOOL OF DANCE

2010 Summer Class Dance Registration Form

MAIL WITH REGISTRATION FEE TO:

Peachtree City School of Dance
 113 Peachtree Court, Suite A
 Fayetteville, GA 30215
 (770) 632-1544

Website:

www.PTCSchoolofDance.com

E-mail:

PTCSchoolofDance@comcast.net
 Director@PTCSchoolofDance.com

Parent's Name: _____

Student's Name: _____ Age: _____

Birthday: _____ Gender: **F M**

Address: _____ City: _____ Zip code: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail address: _____ 2nd E-mail address: _____

Emergency Contact Name & Phone: _____

List Any Health Concerns or Allergies: _____

Class(es) Day & Time: _____

TUITION – See desk for Terms & Conditions
 3 week Tuition for 1 hour class per week - \$45
 6 week Tuition for 1 hour class per week - \$75

TOTAL AMOUNT DUE _____

Release – Peachtree City School of Dance, Inc. (here after refer as School) assumes no liability for accidents, injury, or loss of property. The person signing on behalf of the student assumes responsibility thereof. I release and authorize the School use of any photos or video taken during dance activities, including classes for use in advertising, performance programs, or brochures. I hereby authorize the School to act for me in the event of a serious emergency (requiring medical attention) and I hereby waive and release the School, its instructors, teachers, and/or directors from any and all liability for injuries and illnesses incurred while in attendance. Furthermore, in the event of an emergency requiring medical attention, I shall pay for all services rendered.

Summer Class tuition is due on or before the 1st lesson of each month. There will be a charge of \$35 for any returned check. Due to the nature of Summer Classes any classes missed may not be made-up.

All Payments to be made Payable to: **Peachtree City School of Dance.**

The undersigned agree to all terms & condition, policies and releases herein and as presented in referenced documents available at the Studio Desk and/or Website.

Signature _____ Date _____

(Parent or Guardian for Child or Adult for Self)