

2010-2011 RELEASE AND REGISTRATION FORM
United Dance, Vickie Zachary-Director
310 W. 89th Terrace, Kansas City, MO 64114 (816) 822-0144
PLEASE PRINT INFORMATION CLEARLY

Student Information:

Student Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Mother/Guardian Information:

Name: _____

Phones: Home () _____

Cell () _____

Work () _____

Email _____

Father/Guardian Information:

Name: _____

Phones: Home () _____

Cell () _____

Work () _____

Email _____

Emergency Information:

Health Conditions: _____ (Asthma, High Blood Pressure, etc...)

Emergency Contact: _____ Relation to Child: _____

Emergency Contact Phone () _____

Doctor Name: _____ Doctor Phone () _____

Health Insurance Provider: _____ Insurance Policy#: _____

Hospital Preference: _____

Please enroll me/my child in the following class(es):

1. _____ Day _____ Time _____
2. _____ Day _____ Time _____
3. _____ Day _____ Time _____
4. _____ Day _____ Time _____
5. _____ Day _____ Time _____
6. _____ Day _____ Time _____
7. _____ Day _____ Time _____
8. _____ Day _____ Time _____

Type of Enrollment (Please indicate one): Monthly _____ Single Class _____

I(We) do hereby indemnify United Dance, its administrator and representatives from all claims, losses or expenses which may arise out of or as a result of my (our) participation in the class. The owners and or lessees of the premises where this class is conducted shall also be held free from and claim of personal loss injury.

I understand that tuition is due the 1-7th of every month & late on the 21st. I understand that a **\$6.00 LATE FEE** will be charged on any payments received 2 weeks after payment is due. I understand that a **\$16.00 RETURNED CHECK** charge will be assessed for any returned checks. I also understand that there will be **NO REFUNDS** for classes missed unless a Doctor's written orders are presented.

A registration fee of \$12.00 per year per individual is due the first week of September or at any later date that a student enrolls with United Dance. Paid Date: _____ Account Code: _____

Signature (Parent/Guardian if under 18) _____

Printed (Parent/Guardian): _____ Date _____