



350 Kidd's Hill Rd B-2
Hyannis, MA 02601

Registration Form / Session: _____

Dancer Name(s):	Age(s) / Date of Birth:
Parent / Contact Name(s):	
Email Address:	
Phone #:	Additional Phone #:
Home Address:	
List classes:	
TOTAL HOURS:	

Payment is due upon registration to hold space in classes.

For Office Use:

Session Total \$ _____

+ Reg. Fee \$ _____

Total Balance: \$ _____

Payment Plan / Record (Staff initial):

LIABILITY WAIVER (*Please review then sign to agree*):

I understand that Dance Designs and its instructors, staff and subcontractors are not liable for any injuries or loss of personal property experienced on studio premises. I give permission to Dance Designs to seek medical attention for my child should immediate medical treatment be required in my absence and I will assume all medical costs in such an event. I hereby authorize Dance Designs to use dance photographs of my child for the purpose of advertising or sharing on the studio website; as well as to arrange for the videotaping of my child in dance performances/recitals. I am aware there is a \$ 25 fee for all returned checks & 10% late fee on tuition. I have read and agree to all of the above, as well as the additional COVID-19 Waiver and have enclosed my payment with this form.

_____ Date: _____