



DanceInstituteDenver.com

4601 Quebec St, Denver, CO 80216

303-525-0011

Registration Form

Student's Name: _____ Age & DOB: _____

Guardian's Name: _____ Relationship: _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (H, C, W) Phone: _____ (H, C, W)

E-Mail: _____

How did you hear about Dance Institute? _____

Are you interested in being involved in the DI Parent Organization? Yes No

Additional emergency contact: _____

Relationship: _____ Phone: _____

List any medical conditions of student: _____

Class(es) Registering for: title: _____ day/time: _____

title: _____ day/time: _____

title: _____ day/time: _____

(class schedule is subject to change)

Release and Liability Waiver

I understand and agree Dance Institute LLC, and its representatives are not responsible for any injuries or illness that may occur as a result of participation in class, student activities or performances. I hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any nature whatsoever for injuries the student might sustain while participating in any and all activities.

A \$15 registration fee and first tuition payment is due at time of registration.

I have read and agree to accept the policies of Dance Institute LLC. I have signed and understand the Liability Waiver.

Signature: _____ Date: _____

(Parent/Guardian signature required for all students under 18)