

VIRGINIA DAVIS SCHOOL OF DANCE, LLC
 2037 Sherman Ave.
 Madison, WI 53704
 (608) 241-4988 FAX: (608) 241-4318

2016 REGISTRATION FORM

Student			
Name		Age on 9/1/16:	Girl Boy
Address		Grade in Fall 2016	
Requested Classes	Day	Time	Experience (years)

Family Information			
Billing Name (First)		Billing Name (Last)	
Address	City	WI	Zip Code
Home Phone	Cell Phone	Email	

Parents		
Name	Cell Phone	Home Phone
Name	E-mail	

Participation Agreement: I understand that Virginia Davis School of Dance will be **attended at our own risk** and that Virginia Davis School of Dance, LLC and any instructors or agents of Virginia Davis School of Dance LLC **may not be held liable** for any injuries, property loss or theft. In case of injury or illness while participating, **I authorize medical care** for my child and accept responsibility for medical expenses. I agree to make all **tuition payments**. I understand there are no refunds on tuition or costume payments. I hereby **consent to the photographing** of my child and the use of these **photographs** for advertising, publicity, commercial or other business purposes.

Parent signature: _____ Date _____