



SUMMER Registration

Payment Records ---For Office Use Only---

Dancer's Name: _____

Address: _____

City: _____ Zip: _____

Birthdate (mm/dd/yyyy): _____ School: _____

Parents/Guardians: _____

Cell Phone: _____

Other Phone: _____

Email: _____

START DATE: _____

Classes AND Workshops you are interested in:

PLEASE READ AND INITIAL BELOW SO WE CAN PROCESS YOUR REGISTRATION



Tuition & Studio Policies:

- Punch card value is never lost, left-over punch card value can be applied to fall tuition.
- Returned checks, a \$30 fee will be assessed for all returned checks.
- Please ensure that you are on time when picking up young children after class.
- We respectfully ask parents/guardians of young dancers ages 3-6 stay in the waiting area during class time and view class through the observation window.

_____ I understand the tuition policies.

Liability Waiver: Ormao Dance Company, Inc, faculty, and staff is not liable for any personal injury sustained by students in the school, or on the building premises, or as a result of the students' participation in class or performance. Ormao Dance Company, Inc is not responsible for the loss or theft of any personal property on the premises.

_____ I agree and understand the liability release.

Photo/Video Release Form: I hereby give permission for images of my child, captured during classes and other events through video, photo and digital camera, to be used solely for the purposes of promotional material and publications for the Ormao Dance School, and waive any rights of compensation or ownership thereto.

_____ I understand the photo release.

Date _____

Ca/Ch/Cg _____

Amount _____

Apply to: _____

Date _____

Ca/Ch/Cg _____

Amount _____

Apply to: _____

Date _____

Ca/Ch/Cg _____

Amount _____

Apply to: _____

Date _____

Ca/Ch/Cg _____

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