

REGISTRATION FORM (2020-2021)

Student's Name _____ Nickname _____

Date of Birth _____ School _____ Grade _____ Phone # (home) _____

Mailing Name(s) _____ Street Address _____

Apt. # _____ City _____ Zip Code _____ Parent's E-mail address _____

Mother's /Guardian's Name _____ Cell Phone # _____

Place of employment _____ Work/Alt. Phone # _____

Father's/Guardian's Name _____ Cell Phone # _____

Place of employment _____ Work/Alt. Phone # _____

Emergency contacts: Name _____ Phone # _____

Name _____ Phone # _____

Years/Description of Training: _____

Class(es) student is enrolling in:

Day/Time:

Additional Information (Please include information that will help us best serve the student, such as any special needs or concerns): _____

How did you hear of *Virginia Dance Center*? _____

I understand that dance students take dance classes at their own risk and that neither *Virginia Dance Center* nor any instructor is liable for any injury a student may sustain during those classes. By registering with *VDC*, I grant *VDC* the right to use images/photographs taken during class or other *VDC* activities for advertising or promotional purposes. It is my responsibility to keep aware of studio information by reading notices sent home with my child and/or reading notices posted in the studio. I have read the *VDC* brochure or website and I understand, and agree to, the tuition rates, refund policy, withdrawal policy, late fees, class schedule, and other policies outlined therein.

Student's/Parent's (if student under 18) Signature: _____

Please mail registration form & payment to:

Virginia Dance Center, 9806 Cockrell Road, Manassas, VA 20110