

FOR DDC STAFF ONLY

Payment Amount \$ _____ + Registration _____ = \$ _____

Circle One: Cash Check Charge

Initial: _____

Date: _____

DEANE DANCE CENTER

Registration / Release

DANCERS

NAME: _____ Birthdate: _____ Age: _____

Please Print Clearly

PARENTS NAMES: _____

Please Print Both Parents Names If Applicable

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ CELL NUMBER: _____

EMAIL: _____ INTERESTS/TALENTS: _____

I HEARD ABOUT DDC: From a FRIEND YELLOW PAGES WEB SITE AD FLYER OTHER _____

I WOULD LIKE TO SIGN UP FOR THE FOLLOWING CLASSES:

Day	Level	Time	Day	Level	Time
1.	_____	_____	6.	_____	_____
2.	_____	_____	7.	_____	_____
3.	_____	_____	8.	_____	_____
4.	_____	_____	9.	_____	_____
5.	_____	_____	10.	_____	_____

I AGREE TO PAY FOR MY DANCERS CLASSES ON THE 1ST OF EACH MONTH. I REALIZE THAT DURING THIS TIME, THE DEANE DANCE CENTER WILL HOLD MY DANCERS PLACE IN CLASS WHETHER OR NOT HE/SHE IS ABLE TO ATTEND ALL CLASSES.

DDC HAS A NO REFUND POLICY. YOUR CHILD MAY MAKE-UP HIS/HER CLASS(ES) BEFORE OR AFTER THE ABSENCE(S) IN THE SAME LEVEL OR IN A LOWER LEVEL CLASS IN THE SAME MONTH OR AS SOON AS POSSIBLE. WE DO NOT BILL UNLESS YOUR PAYMENT IS LATE. YOU ARE RESPONSIBLE TO FOLLOW THE DUE DATES AND TO CALL IF YOU ARE NOT RETURNING TO CLASSES. **The due dates are on or before the 1st day of class, Oct.1, Nov.1, Dec.1, Jan.1, Feb.1, March 1, April 1, May 1 & ½ payment on June 1, 2011.**

In Addition

1. I would like to add \$5.00 to my registration fee to support the DDC scholarship fund. YES NO
2. I give permission for my student to be videotaped and/or photographed in classes, rehearsals or performances sponsored by DDC and CDB throughout the year.
3. I agree never to post any part of a DDC/CDB video online without express permission of the Director Don Schwennesen ("Mr. Don").

I have read this contract and understand my commitment to Deane Dance Center.

Please Return

With Payment

Parents Signature

Date

Waiver of Liability and Release
Crockett-Deane Ballet
Deane Dance Center

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered **before** signing this document.

In consideration of being permitted to participate in the Crockett-Deane Ballet and/or Deane Dance Center I, _____, in full recognition

Please Print - Parent/Guardian please print your child's name clearly if he/she is too young to write

And appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge Crockett-Deane Ballet and/or Deane Dance Center, its officers, agents and employees, as well as Donald Schwennesen and Allyson Schwennesen from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation in Crockett-Deane Ballet and/or Deane Dance Center is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this program including responsibility for using reasonable judgment in all phases of participation and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I understand that it is my responsibility to notify the appropriate person in the workplace of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as my self.

I acknowledge that activities such as tree climbing, skateboarding, rollerblading, or any other sport that requires physical activity and/or a helmet is not permitted in front of or anywhere near or around the property of 3385 Lanatt Street, Suites A, B & C and do assume full responsibility for any resulting injuries or damages.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Participants Name (printed)_____

Participants Signature_____

Date_____

Witness_____

Name & Signature of Parent/Guardian if
Participant is Under 18 Years of Age

Please Print

Signature