



Student Information Form and Waiver

DATE _____

STUDENT NAME _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

HOME PHONE (____) _____ STUDENT CELL PHONE (____) _____

DATE OF BIRTH ____/____/____ SEX _____ GRADE _____ SCHOOL _____

PARENT/GUARDIAN #1 - FULL NAME _____

OCCUPATION _____ EMPLOYER _____ WORK PHONE (____) _____

CELL PHONE (____) _____ E-MAIL _____ Do you check this everyday? YES / NO

ADDRESS (if different from student's) _____

PARENT/GUARDIAN #2 - FULL NAME _____

OCCUPATION _____ EMPLOYER _____ WORK PHONE (____) _____

CELL PHONE (____) _____ E-MAIL _____ Do you check this everyday? YES / NO

ADDRESS (if different from student's) _____

IF WE CANNOT REACH EITHER OF ABOVE IN CASE OF AN EMERGENCY WE CAN CALL:

EMERGENCY CONTACT _____ (____) _____
name/relationship phone

How did you hear about NDI? _____

I, as the legal parent or guardian of the above student, authorize his/her enrollment in National Dance Institute's (NDI) After-School Classes in the 2011-2012 school year. I further authorize the making and use of any films or other recordings of these activities for any purpose, profit or otherwise, that NDI may make or authorize to be made without compensation to my child or me.

I understand that my child will be under the supervision of NDI staff and appointees. I understand that despite the responsible supervision that NDI will make in this connection, NDI cannot guarantee against the possibility of accident or illness involving my child. I hereby waive any claim that might be made against NDI, its officers, employees and agents in connection with any injury or illness my child may incur not involving gross negligence of NDI.

In the event that any serious injury should occur involving my child, I wish NDI to take all appropriate steps to notify me immediately of the event, but, if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for my child.

I affirm that I have the authority to sign this consent.

Date

Signature of parent or guardian



Registration Form: Fall 2011-2012

CHECK	CLASS NAME	DAY/DATES	TIME	CLASS FEE
	Arts Encounter for 2-3 Year Olds	Wednesdays, Oct 5 – Dec 14	10 – 10:45 AM	\$300
	Arts Encounter for 4-6 Year Olds	Tuesdays, Oct 4 – Dec 13	4 – 5 PM	\$300
	NDI Dance Class for 7-8 Year Olds	Tuesdays, Oct 4 – Dec 13	4 – 5 PM	\$200
	NDI Dance Class for 9-12 Year Olds	Thursdays, Oct 6 – Dec 15	4 – 5 PM	\$200
	Tap Class for 9-12 Year Olds	Fridays, Oct 7 – Dec 16	4:30 – 5:30 PM	\$200

Subtotal \$ _____

I would like to add a tax deductible donation of \$ _____

TOTAL AMOUNT \$ _____

PAYMENT METHOD *(Check one)*

_____ Check *(Payable to National Dance Institute)* Check # _____

_____ Cash *(In person only)*

_____ Credit Card *(please fill in form below)*

_____ Visa _____ MasterCard _____ American Express

Card Number _____ Expiration Date _____ Security Code _____ (required)

Cardholder Signature _____

Name _____ Phone (_____) _____ Email _____

Address _____ Apt # _____ City _____ State _____ Zip _____