



EPIC Dance Center

REGISTRATION FORM 2024-2025

DANCERS NAME _____

(AS YOU WISH IT TO APPEAR IN THE RECITAL PROGRAM)

AGE-DATE OF BIRTH _____ CURRENT AGE _____

DANCERS GENDER: MALE _____ FEMALE _____

DANCERS HEALTH CONDITIONS (ASTHMA, ALLERGIES, ETC.) _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL (PLEASE PRINT CLEARLY) _____

MOTHER MRS./MS./DR. _____ PHONE # _____

FATHER MR./DR. _____ PHONE # _____

EMERGENCY CONTACT (IN THE EVENT A PARENT CANNOT BE REACHED AT THE NUMBERS LISTED)

NAME _____

RELATIONSHIP _____ PHONE _____

* In consideration of the dance lessons offered to me under this agreement by EPIC DANCE CENTER INC. And in recognition of the physically strenuous nature of dancing; I hereby consent and wish my child (s) to participate in the scheduled classes. I hereby knowingly, freely, and voluntarily release EPIC DANCE CENTER INC from any and all liability and waive any claim for injury that might have been forestalled, foreseen, determined, anticipated, or uncovered by a physical examination, and accordingly do agree to hold harmless and indemnify the EPIC DANCE CENTER INC. for any such condition which could or would have been discovered by a physical examination.

** I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.

*** **NAME & IMAGE RELEASE:** EPIC DANCE CENTER INC may use visual/audio and photographic images and names of students from the studio engaged in dance lessons, rehearsals, and/or other performances for advertising and promotional purposes including but not limited to print media, advertising materials and the internet. Please check below indicating your permission for EPIC DANCE CENTER INC. to use your child's image and or name.

_____ I DO grant permission to use my child's name and/or image _____ I DO NOT grant permission to use my child's name and/or image

Student Name (Print) _____

Parents Signature _____ Date _____

Print Parent Name _____

CLASS SELECTION:

TAP _____ HIP HOP _____ BREAKIN' _____ JAZZ _____ ACRO _____ BALLET _____ POINTE _____

MUSICAL THEATER _____ CONTEMPORARY _____ TECHNIQUE _____

PRESCHOOL COMBINATION (2-4 YEARS OLD) 1ST YEAR _____ PRESCHOOL COMBINATION (3-4 YEARS OLD) 2ND YEAR _____

SCHOOL AGE COMBINATION (5-6 YEARS OLD) _____ TAP/JAZZ COMINATION (6-8 YEARS OLD) W/EXP. _____

6 WEEK SESSIONS:

ADULT HIP HOP _____ ADULT DANCE FITNESS _____ ADULT BALLET _____ ADULT YOGA _____

NEW STUDENTS PREVIOUS DANCE EXPERIENCE _____

How did you hear about us? _____

Did someone refer you? Tell us who! _____

OFFICE USE ONLY	Class Day & Time
Monthly Tuition amount _____	_____
Registration Fee _____	_____
Costume Deposit _____ Total Fee _____	_____
Rehearsal Fee _____	_____
Other _____	_____
_____	_____
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Date Registered _____

Total Payment _____

Payment Type _____