



Registration Form

Dancer Name: _____ DOB ___ / ___ / ___

Address: _____ City: _____ Zip: _____

Gender M F circle one Age: _____ Grade: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parents Name: _____

Additional Emails: _____

Agreement

I hereby execute the agreement waiver and release of behalf of my son/daughter. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold persons and entities of Xtreme Force dance company free and harmless of any loss, liability and damage that may occur.

I agree that all payments are due on the first of each month and that all payments paid after the 5th are subject to a \$20.00 late payment fee automatically. I understand that no refunds will be given and make-up classes are available.

Parent/ Guardian: _____

Relationship: _____ Date: _____