
Fountain Dance Ministry / **Registration Form**

Name _____ Tel. _____ Cell _____

Address _____ City _____ Zip _____

Age _____ Birthdate _____ Church _____

School _____ Grade _____

Please use back of this form to list previous dance training, health conditions and special needs we need to be aware of.

Description

Day & Time

Classes Chosen _____

I have read the information in the brochure and I am in agreement with the way in which classes will be conducted and with the school's policies. I understand that participation in dance classes carries with it a reasonable assumption of risk. I assume all responsibility for myself and for my children while participating in classes and /or activities at Fountain Dance Ministry. I waive all claims for liability against Fountain Dance Ministry or any of its teachers in case of injury.

Signature *(student and parent, if under 18)* _____

Today's Date _____ **Referred by** _____

\$Amount Enclosed _____ (tuition & registration fee) checks payable to **Fountain Dance Ministry**