

**THE DANCE CONNECTION
DANCE CLASS REGISTRATION FORM**

*Please complete and return with a check for the applicable registration fee, payable to The Dance Connection.
Mail to: The Dance Connection, 121 E. Market St., Mabank, TX 75147*

NAME(s): 1) _____ **BIRTHDATES(s):** 1) _____
2) _____ 2) _____
3) _____ 3) _____
4) _____ 4) _____

ADDRESS: _____ **HOME PHONE:** _____

PARENT'S NAME(s): _____ **WORK PHONE(s):** _____

EMAIL: _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

Has the student studied dance before? _____
If yes, please advise age & type: _____

Any physical handicaps or learning disabilities of which we should be aware? _____
If yes, please explain: _____

WAIVER OF LIABILITY: I agree that I will not hold the director, Leslie Dare, dba The Dance Connection, nor any staff or volunteers, liable for injuries sustained or illnesses contracted by the student while participating in dance classes at The Dance Connection or dance events associated with The Dance Connection.

SIGNATURE (of Parent/Guardian if student(s) are under age 18): _____

DATE: _____

PLEASE SELECT CLASS(ES) (see Schedule)

CLASS CHOICES

(Please list preferred class choices including day and time options for each student enrolling.)

Student 1	Student 3
Class Choices	Class Choices
Student 2	Student 4
Class Choices	Class Choices

PLEASE LET ME KNOW HOW YOU FOUND OUT ABOUT OUR DANCE CLASSES:

___ Newspaper Ad Which paper? _____
___ Internet Search _____ Telephone Book / Yellow Pages _____ Flyer
___ Saw Sign from Street _____ Word of Mouth / Referral by _____
___ Other _____

QUESTIONS? PLEASE CALL (903) 880-9999

For Office Use Only
Appl/Rec _____
Ent DB _____ Ent EM _____