

**Miss Heather's School of Dance
Registration Form 2009/2010 Season**

Check Location:

Middletown: _____/Smyrna: _____

Father's Name:

Driver's License Number

Mother's Name:

Driver's License Number

Home Phone

Mom's Work Phone

Dad's Work Phone

Address: _____ City _____ State _____ Zip _____

Cell Number

E-mail Address

Emergency Contact

Emergency Contact Phone Number

Student's Name

Age

Birth Date

Student's Name (2nd member)

Age

Birth Date

Previous Training (if new to studio)

Any Medical Conditions

1st Class – Day & Time

2nd Class – Day & Time

3rd Class- Day & Time

September Tuition \$ _____

May Tuition \$ _____ (non-refundable after Dec. 31, 2009)

Registration Fee \$ _____ (non-refundable)

Total \$ _____

Form of Payment:

____ Cash ____ Check Check Number: _____

____ Credit Card ____ Automatic Withdrawal (Please fill out Credit Card Withdrawal Form located on MHDance.com home page)

Parental Release: The undersigned has received the student guidebook and agrees to abide by the policies and procedures of Miss Heather's School of Dance (AHAA, INC.) and also release any and all rights and claims against Miss Heather's School of Dance (AHAA, INC) and their instructors for any and all injuries, which may be suffered by the participant.

Agreement: I agree to make all payments for the 2009/2010-year in full until I notify the studio in writing two weeks in advance of leaving. NO drops accepted after April. All students are expected to participate in the annual show.

Photo/Video Release: I authorize Miss Heather's School of Dance (AHAA, INC.) to record and photograph my image and/or voice of my child, for use by Miss Heather's School of Dance (AHAA, INC.) or its assignees in education or promotional programs. I understand that these images maybe edited, duplicated and/or reformatted in any form and manner without payment of fees, in perpetuity.

Parent/Guardian Signature _____ **Date** _____