



Suzette's

MASTERS OF DANCE

DANCER NAME _____

PARENT/GUARDIAN _____ AGE _____ BIRTHDATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

EMAIL _____

Costs: \$20/per class (drop ins) or \$350 unlimited (applies for ages 5+).

There will be **NO REFUNDS** for classes not attended.

Tuition must be paid in full at time of registration.

☐

CHECK HERE
FOR UNLIMITED



LIST ANY DROP-IN
CLASSES ATTENDING _____

If your child has health concerns we need to be aware of, please tell our front desk staff.

I grant Suzette's Masters of Dance the **use of any photographs or videos** of my child to promote dance and/or the dance studio.

All students and/or parents/legal guardians are aware of the possible physical injury that may occur during dance/gymnastics classes, performances and/or rehearsals and are willing to assume those risks. It is agreed that Suzette's Masters of Dance, its' officers, directors, and associates are **NOT RESPONSIBLE FOR PERSONAL INJURY OR PROPERTY LOSS.**

PARENT/GUARDIAN
SIGNATURE _____

Date _____

≡ *For Office Use Only:* ≡

Paid \$ _____ | ACCOUNT: _____ | CC: _____ | Cash: _____ | Check #: _____