

Hintze Dance Center @ Telge 2019-2020

Spring Plaza-15014 Spring Cypress, Cypress TX 77429

Registration & Release Form

For Office Use Only:		
Tuition	_____	
Date	_____	
Reg. Fee	_____	
Tuition	_____	
Total	_____	
Ck#	_____	CC _____ Cash _____

Student Name _____

Date of Birth _____ Age _____

Parents or Guardian Name _____

Mailing Address _____

City _____ Zip _____ Subdivision _____

Home Phone _____ Email _____

Mother's Cell Phone _____ Father's Cell Phone _____

Previous Dance Background

Dance Studio _____ Years taken _____ Types of dance _____

<u>Classes:</u>	<u>Summer</u> _____	<u>Fall</u> _____	<u>Studio</u>
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
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Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____
Day _____	Time _____	Class Name _____	_____

Auto Debit: You can also sign up for automatic debit. There will be a \$2.00 monthly transaction fee. Please see the office for details.

_____ Initial here for auto debit.

RELEASE STATEMENT – Parent, Guardian, or Adult Student

In consideration of the benefits derived from Hintze Dance Center (HDC), I do hereby agree to indemnify and hold harmless, release, and discharge HDC and its staff from any and all claims of personal injuries or property loss or damages sustained by me/my child while participating in activities with HDC and its staff. I authorize emergency first aid care for myself/my child in the event that I/(s)he becomes ill or injured while attending HDC activities. I further authorize HDC and its staff to retain the services of an MD or other qualified medical personnel to treat me/my child in the event of a medical emergency. I agree to inform HDC in writing of any physical limitations and/or medical conditions that I/my child has, whether or not those conditions restrict my/my child's full participation. I/My child may decline to participate in any HDC activity with prior written notice of at least 30 days to HDC. I give exclusive permission for HDC to use photographs and/or video images of me/my child for advertising and marketing purposes.

I have received a Registration Packet and agree to read and abide by all policies stated within, including HDC Studio Rules & Procedures, as well as all terms and conditions contained within this release statement.

Printed Name _____ Signature _____ Date _____

