

# Hintze Dance Center on Fry 2019-2020

9212 Fry Rd Ste. 130 Cypress, TX 77433

## Registration & Release Form

<b>For Office Use Only:</b>		
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 \_\_\_\_\_

**Classes:** Summer \_\_\_\_\_ Fall \_\_\_\_\_

**Studio**

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 _____	_____

**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 \_\_\_\_\_

