

2011-2012 Dance Registration

Name: \_\_\_\_\_  
Birth date \_\_\_\_\_  
Age now: \_\_\_\_\_  
Grade in fall: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Parents' names \_\_\_\_\_  
Phone: \_\_\_\_\_ cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Class: \_\_\_\_\_ Studio: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_  
Class: \_\_\_\_\_ Studio: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_

I, the undersigned, hereby certify that the above named student has been examined recently by a physician, is physically fit, and has no pre-existing condition which would prohibit participation in the strenuous physical program of Dolly Haltzman Dance Academy (The Academy). I authorize the Academy faculty or its representatives to obtain emergency medical treatment for the above named student if deemed necessary, and I agree not to hold the Academy, its directors, faculty, staff, or their representatives, in any way liable. I have provided the administration with a list of any medications taken on a regular basis and the reason for taking them. I agree to be responsible for prompt and timely payment of any and all tuitions and fees due the Academy for the above named student. I understand that there are no refunds for classes missed or early withdrawal and that tuition credit may be granted for students who have to withdraw for medical reasons. The Academy has my permission to photograph, videotape, or film this student for promotional purposes.

Signature (parent or guardian, if minor)

enclosed is my non-refundable \$ 25 tuition fee  
(make checks payable to Dolly Haltzman Dance Academy)

please charge \$ \_\_\_ to my MC Visa  
Name on  
card \_\_\_\_\_

\_\_\_\_\_  
Account number

Exp date \_\_\_/\_\_\_ CVV# \_\_\_\_\_

\_\_\_\_\_  
Cardholder signature

**DO YOU WANT THIS  
CHARGED TO YOUR  
CREDIT CARD EACH  
QUARTER? Y N**

Mail to: Dolly Haltzman Dance Academy  
118 South 6<sup>th</sup> Street, Emmaus Pa 18049  
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