

# DOROTHY KECK DANCERS

1532 Austin Hwy. San Antonio, TX 78218 (210)829-8489 (210)829-5840 fax

## REGISTRATION AGREEMENT

In consideration of the benefits derived from the **Dorothy Keck Dancers**, I (we) do hereby agree to indemnify and hold harmless, release and discharge the sponsoring organization of said **Dorothy Keck Dancers** of San Antonio, Texas, its agents, servants or employees, from any and all claims for personal injuries or property damage occurring to or sustained by our (my) boy or girl while participating in said dance activity or while in the act of being transported to and from said activity or activities related to dance and including any and all consequential damage claims which I (we) may be entitled to recover from said injury or property damage claim.

<b>Student's Full Name:</b>	<b>Gender:</b>	<b>Date of Birth:</b>
(1) _____ First MI Last	male/female	____/____/____ Month Day Year
(2) _____ First MI Last	male/female	____/____/____ Month Day Year
(3) _____ First MI Last	male/female	____/____/____ Month Day Year
(4) _____ First MI Last	male/female	____/____/____ Month Day Year
E-Mail Address _____ How did you hear about us? _____		
<b>Street</b> _____ Apt# _____	<b>City</b> _____	<b>State Zip Code</b> _____
<b>Home Phone Number</b> ( ) _____ - _____ area code	<b>Work Number</b> ( ) _____ - _____ area code (Mother/Father)	<b>Alternative Number</b> ( ) _____ - _____ area code (Cell/Pager)(Mother/Father)

Please state any medical condition the student(s) has that the Studio should be aware of:

\_\_\_\_\_

Names of Parents or Legal Guardians:

**PLEASE PRINT** \_\_\_\_\_  
**First and Last Name**

Initial
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All **Deposits, Tuition fees, Trial fees, and Registration fees** are due in advance and are **non-refundable and non-transferable**. All Summer 2008 tuition balances must be paid prior to or on the first day of class.

\_\_\_\_\_  
**Signature of Parent, Guardian, or Adult Student**(listed in student box) **Date**

# FOR OFFICE USE ONLY

**Session:**      Summer Session I                  Summer Session II                  Summer Dance Camp

	Day	Time	Instructor	Class Description
(1)	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
(2)	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
(3)	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
(4)	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____
	M T W TH F S	_____	_____	_____

Registration Fee	_____	\$35.00	\$20.00 (\$55.00)	\$20.00 (\$75.00)	\$20.00 (\$95.00)								
1 <sup>st</sup> Month	_____	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
2 <sup>nd</sup> Month	_____	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
3 <sup>rd</sup> Month	_____	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Trial Class Fee	_____	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
<b>TOTAL</b>	_____	CASH		CHECK		CCARD							
		Receipt #		Ck#		visa mastercard amex discover							