



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

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.

Student's Full Name:			Gender:	Date of Birth:
(1) _____			male/female	____/____/____
First	MI	Last		Month Day Year
(2) _____			male/female	____/____/____
First	MI	Last		Month Day Year
(3) _____			male/female	____/____/____
First	MI	Last		Month Day Year
(4) _____			male/female	____/____/____
First	MI	Last		Month Day Year

E-Mail Address _____ How did you hear about us? _____

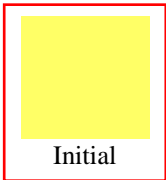
Street _____	City _____	State _____	Zip Code _____
Apt # _____			

PRIMARY Phone Number	SECONDARY Number	EMERGENCY Number
() _____ - _____	() _____ - _____	() _____ - _____
area code (home/cell/work)(Mother/Father)	area code (home/cell/work)(Mother/Father)	area code (home/cell/work)(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



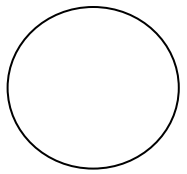
All **Registration fees, Tuition fees, Trial fees, Recital Fees, Costume Fees, and Deposits** are due in advance and are **NON-REFUNDABLE and NON-TRANSFERABLE**. *I understand that I am financially responsible for all months of the 2018-2019 Fall/Spring Session (September 2018 thru May 2019) unless I give the Dorothy Keck Dancers formal notice in writing. All notices to withdraw must be received before the 15th of the month PRIOR TO the month participation in classes will cease. Full monthly tuition is due in the month where notification is received.* I also understand that all pre-paid tuition including thirds payments, half year payments and yearly payments are **non-refundable** even if the above registered student(s) fails to complete the session and formal notice is received.

I understand that any photographs taken of the students by the Dorothy Keck Dancers may be used in advertisements such as brochures and web sites for promotional purposes of the Dorothy Keck Dancers and registration in this program/class(es) grants permission to the Dorothy Keck Dancers for photographs to be used for promotional use. Student's full name(s) will never be published with any photographs used by the Dorothy Keck Dancers.

Signature of Parent, Guardian, or Adult Student(listed in student box)

Date

FOR OFFICE USE ONLY
FALL/SPRING 2018-2019 SESSION



	Day	Time	Studio	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	_____	_____	_____

Mommy & Me	Tuesday 9:30-10:15am	Session I	Session II	Session III		
Mommy & Me	Tuesday 5:15-6:00pm	Session I	Session II	Session III	Session IV	Session V
Mommy & Me	Wednesday 9:30-10:15am	Session I	Session II	Session III	Session IV	
Mommy & Me	Saturday 10:00-10:45am	Session I	Session II	Session III	Session IV	

Reg Fee	_____	\$45.00	\$25.00 (\$70.00)	\$25.00 (\$95.00)	\$25.00 (\$120.00)									
1st Student	_____	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	DKDC	Krew	Rec	Cos
2nd Student	_____	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	DKDC	Krew	Rec	Cos
3rd Student	_____	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	DKDC	Krew	Rec	Cos
4th Student	_____	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	DKDC	Krew	Rec	Cos
Trial Class Fee	_____	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	DKDC	Krew	Rec	Cos
TOTAL	_____	CASH	CHECK	CCARD	Receipt #									

Ck# Visa Mastercard Amex Discover