

# YOUTH DANCE ENSEMBLE AND SCHOOL REGISTRATION FORM 2007-2008

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ work/cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ work/cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Age (as of 8/1/07) \_\_\_\_\_ Birth date \_\_\_\_\_

If new to YDE, previous dance experience \_\_\_\_\_

Academic School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Recommended Class/Day/Time \_\_\_\_\_

Alternative Classes/Day/Time \_\_\_\_\_

Additional Recommended Classes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of dance hours \_\_\_\_\_

Tuition due \_\_\_\_\_ + \$25.00 Registration fee = \_\_\_\_\_

PLEASE BRING THIS FORM TO OPEN HOUSE OR IF YOU WISH TO REGISTER BY MAIL, SEND REGISTRATION FORM, REGISTRATION FEE, AND FIRST QUARTER TUITION BY AUGUST 16<sup>th</sup>, TO:

**YOUTH DANCE ENSEMBLE AND SCHOOL  
ARTS AT RIVER RIDGE – 190 SOUTH RIVER RIDGE CIRCLE  
BURNSVILLE, MN 55337**

I understand that by enrolling my child(ren) in class with the Youth Dance Ensemble and School, my child(ren) will be participating in an active and at times, physically strenuous exercise. I know other studios provide the same or similar classes, but in choosing Youth Dance Ensemble and School, I understand and agree that the Youth Dance Ensemble and School shall not be held responsible or liable for any negligence, implied or otherwise, causing personal injury, or property loss, or damage suffered or sustained by my child (ren) in connection with or arising out of or resulting from any or all activities my child (ren) engage(s) as a student.

- I hereby give permission to have photos/video of my child and/or myself used for the purpose of promoting the Ensemble and School during the time my child is enrolled in this organization. \_\_\_\_yes \_\_\_\_no

Parent/Guardian Signature \_\_\_\_\_