

**SHELLY TRUE DANCE ACADEMY
FALL 2020 - SPRING 2021 COMPANY DANCER
REGISTRATION FORM**

Student name _____ Date of Birth _____ Age _____

Student email (optional) _____

Address _____ City _____ Zip _____

School _____ Grade _____

Mother/Guardian _____ Cell # _____

Email (Print Clearly) _____

Father/Guardian _____ Cell # _____

Email (Print Clearly) _____

Emergency Contact -
Name/Relation _____ Cell # _____

I understand and agree that neither Shelly True Dance Academy, it's agents, teachers or employees shall be held responsible or made subject to any claim from injury or accident which may result in connection with any attendance at the school or any of it's related functions.

Signature of parent/guardian _____ **Date** _____

PAYMENT POLICY I understand that tuition is due the 1st of each month. A \$25 late fee will be added to my bill if it is not paid by the 5th. I also understand that classes are a flat rate and that no refunds and no pro-rating is granted. It is the responsibility of the student to make up any lost hours.

Signature of parent (or financially responsible party) **Date**