

SHELLY TRUE DANCE ACADEMY FALL 2021 - SPRING 2022 COMPANY DANCER REGISTRATION FORM

Student name _____ **Date of birth** _____ **Age** ____
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 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 on the 1st of the 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
