



The Dance Center of Queensbury

Official School of the Adirondack Ballet Theater



REGISTRATION FORM

NAME OF STUDENT _____

AGE OF STUDENT _____ STUDENT'S DATE OF BIRTH _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

(Invoices will be sent via e-mail to the address given above.)

If you wish to receive paper statements, please check box. A \$5 paper statement charge will be added each month.

PHONE # _____ EMERGENCY # (if different) _____

PARENT/GUARDIAN _____

PLEASE INFORM US OF ANY MEDICAL/PHYSICAL ISSUES OR ALLERGIES _____

PREVIOUS DANCE TRAINING (new enrollments only) _____

HOW DID YOU HEAR ABOUT US (new enrollments only) _____

CLASS (ES) STUDENT REGISTERING FOR:

_____	_____
_____	_____
_____	_____

Below is a consent form for any future studio/company publicity for parents to complete.

The following is an authorization and release between the Dance Center of Queensbury, Inc. and _____ a, Parent of _____ a dancer at the Dance Center of Queensbury, Inc.

I herby authorize the Dance Center of Queensbury, Inc. to use the likeness of my daughter/son in any and all promotional and advertising for the Dance Center of Queensbury, Inc. This includes print media, the internet and any other form of advertisement. I herby release the Dance Center of Queensbury, Inc from any and all liability in connection with the use of the images of my child. My signature below is my express consent and authorization to the use of any images of my dancer.

_____ Parent's Signature _____ Print Parent's Name _____ Date

Parent/Guardian signing this form is responsible for all payments due.

Please send completed form to: THE DANCE CENTER OF QUEENSBURY, INC.
74 WARREN STREET, POB 652
GLENS FALLS, NY 12801

THERE IS A ONE -TIME, NON - REFUNDABLE REGISTRATION FEE OF \$12.00 FOR NEW ENROLLMENTS TO ACCOMPANY THIS FORM.