



## Fall Registration Form

*This is my \_\_\_\_\_ year at Kane & Co.  
Registration Date \_\_\_/\_\_\_/\_\_\_ Student # \_\_\_\_\_*

STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY/TIME \_\_\_\_\_

PARENT(S) \_\_\_\_\_

RESPONSIBLE FOR BILL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIPCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL PHONE: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

WORK PHONE: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

List any physical/mental conditions or any pertinent medical history that we need to be aware of:

\_\_\_\_\_

We, the parents of the above child, hereby give my/our approval for her/his participation in activities during the current session. We assume all risks and hazards incidental to the activities and transportation to and from the activities. In case of injury to my child, I/We hereby waive all claims against Kane & Company Dance Productions, the owner, instructors, and employees. I/We release from responsibility any person transporting my child to the doctor, or hospital in case of injury.

We agree to pay a non-refundable family registration fee at the time this form is presented. Please make checks payable to Kane & Co. Dance Productions. We understand that all fees are non-refundable and classes may be changed, cancelled, or rescheduled as required. In the event the student registered above decides to discontinue classes, I will inform Kane & Co. Dance Productions by phone or mail and I understand I will not receive any refunds. I/We have read the dance contract and the policies and procedures and agree to abide by them throughout the dance year.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_