**Hintze Dance Center Telge 2020-2021**

**For Office Use Only:**

Tuition

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reg. Fee\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ck# \_\_\_\_\_\_\_\_CC\_\_\_\_\_ Cash\_\_\_\_

**Spring Plaza-15014 Spring Cypress, Cypress TX 77429**

#### Registration & Release Form

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or Guardian Name

Mailing Address

City Zip Subdivision\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Email

Mother’s Cell Phone Father’s Cell Phone

# **Previous Dance Background**

# Dance Studio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years taken Types of dance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Classes: Summer\_\_\_\_\_ Fall\_\_\_\_\_ Studio

Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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**Auto Debit: You can also sign up for automatic debit. There will be a $2.00 monthly transaction fee. Please see the office for details.**

\_\_\_\_\_\_\_\_\_\_\_ **Initial here for auto debit**.

# **RELEASE STATEMENT – Parent, Guardian, or Adult Student**

In consideration of the benefits derived from Hintze Dance Center (HDC), I do hereby agree to indemnify and hold harmless, release, and discharge HDC and its staff from any and all claims of personal injuries or property loss or damages sustained by me/my child while participating in activities with HDC and its staff. I authorize emergency first aid care for myself/my child in the event that I/(s)he becomes ill or injured while attending HDC activities. I further authorize HDC and its staff to retain the services of an MD or other qualified medical personnel to treat me/my child in the event of a medical emergency. I agree to inform HDC in writing of any physical limitations and/or medical conditions that I/my child has, whether or not those conditions restrict my/my child’s full participation. I/My child may decline to participate in any HDC activity with prior written notice of at least 30 days to HDC. I give exclusive permission for HDC to use photographs and/or video images of me/my child for advertising and marketing purposes.

**I have received a Registration Packet and agree to read and abide by all policies stated within, including HDC Studio Rules & Procedures, as well as all terms and conditions contained within this release statement.**

Printed Name Signature Date

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| Monthly Tuition Amt: $  | Name: First:  | **Last:**  |
| PaymentDate |  | Check# | Amount Paid | Balance |  |  |
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