

*Amy's Studio of Performing Arts*



11888 Marsh Lane, Suite 600  
Dallas, TX 75234  
(972) 484-7900



Letter ( )

Date of Registration \_\_\_\_\_

Ledger ( )

Student's Name \_\_\_\_\_

School Attending \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone (M) \_\_\_\_\_ Cell Phone (D) \_\_\_\_\_

**Email** \_\_\_\_\_

**Responsible Party**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

**Non-Refundable Registration Fee (due upon enrollment) - \$25.00**  
**Payable to Amy's Studio of Performing Arts**

Course(s) Taking	
	Day/Time
Pre-School	
Ballet	
Tap	
Jazz	
Hip-Hop	
MT/Acting	

**Tuition Due by the 10<sup>th</sup> of the month**

**All fees must be paid by the due date or a late fee of \$10.00 will be applied to tuition.**

## Waiver Form

I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Amy's Studio of Performing Arts.

I/we agree to release and hold harmless Amy's Studio of Performing Arts including its teachers, dancers, staff members, and facilities used by Amy's Studio from any cause of action, claims, or demands now and in the future. I/we will not hold Amy's Studio liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Amy's Studio of Performing Arts.

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Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Print)

Dancer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If unable to sign, parent/guardian sign only)

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_