

Naach Duniya Dance Company Registration Form

1st student's name: _____

Date of birth: ___ / ___ / ___

2nd student's name: _____

Date of birth: ___ / ___ / ___

3rd student's name: _____

Date of birth: ___ / ___ / ___

Parents' or legal guardian's names (if applicable):

Street: _____

City: _____ Zip: _____

Home phone: (____) _____

Work phone: (____) _____

Cell phone: (____) _____

Emergency contact (if other than above):

_____ Phone: (____) _____

Email: _____

Does the student have any ailments or restrictions? yes / no

If yes, please explain:

Has the student had any previous dance training? yes / no

Name of current or previous dance schools:

Please list the classes the student(s) will be enrolling in:

Class / Day / Time: _____

Class / Day / Time: _____

Class / Day / Time: _____

Class / Day / Time: _____

Payment options: cash / check

Check #: _____

How did you hear about us?

Release of Liability

As the participant, legal parent or guardian, I release and hold harmless Naach Duniya Dance Company, its owner Viakshni Prasad and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Naach Duniya Dance Comapny, its owner Vikashni Prasad and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to Naach Duniya, its owner Vikashni Prasad and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

I request that our doctor/physician _____ be called and that my child be transported to _____ hospital.

Payment and Tuition Information

Tuition is due by the first of each month. If accounts are paid after the tenth of the month, there will be a \$10.00 late fee applied to the account balance. There is a \$25.00 returned check charge for any checks returned by the bank. We do not prorate months for missed days, holidays or school vacations. Please review our studio policies.

I've read all of the above and the Studio Policies and agree.

Date: ___ / ___ / ___ Signature: _____

Signature of parent or legal guardian if student is under age 18, or of student if age 18 and older.