

DANCE INNOVATIONS INC
177 MERRICK ROAD
OCEANSIDE, NY 11572
(516) 764-0513
www.danceinnovationsinc.com

Class:

Monthly Tuition:

Student's Name:

Address:

Phone Number: Home:

Cell:

Birthdate:

Age:

School Grade:

Previous Dance Experience:

Name of Parents:

Emergency Contact Name and Number:

Email Address:

Referred By:

I understand by enrolling my child in this dance program, I am granting permission for he/she to participate in physical activity. As in any physical activity, there is chance of injury. I am hereby releasing Dance Innovations and their instructors from any and all liability in the case of injury.

I further understand that I am enrolling my child for the 2019-2020 dance season and that I am responsible for 10 monthly payments of \$_____. I agree to pay my monthly tuition before the 10th of every month.

X_____