

This form must be completed before entering a class.

Only immediate family members are eligible for the Family Pass Program.

Student Name:

Account Name(s):

Account Holders are responsible for any and all charges applied to student's account as well as the point of contact for Impact Dance Center

Account Email(s):

Birthdate:

Male Female

School/Grade:

Street Address City Zip

Student Home Phone ()

Student Cell Phone ()

Student E-Mail:

Illnesses/Injuries/Allergies:

Parent/Guardian Name #1:

Parent Cell Phone #1 ()

Parent/Guardian Name #2:

Parent Cell Phone #2 ()

Emergency Contact (other than Parent/Guardian):

Relationship:

Contact Phone Number ()

Are you a: New Student? Returning Student?

How did you hear about us? _____

I fully agree and understand the policies of Impact Dance Center including but not limited to:

1. I agree to give written notice of any changes to above information.
2. There are no adjustments/refunds for any payment.
3. *Parent/Guardian and/or Student (18 or over) agrees and understands that dance training can be hazardous to some individuals., and may result in injury to student or other students. Below signed person assumes all risks of injury incurred or suffered while on the premises of Impact Dance Center and releases Impact Dance Center and its employees and anyone connected from any claim, damages, costs or cause of action which student has or may have as a result of injuries or damages sustained or incurred while on the premises of Impact Dance Center or any studio sponsored event.

For more information, please read the Studio Policies Sheet and the Frequently Asked Questions at www.impactdancecenter.com

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____