

# 9TH AVENUE SCHOOL OF DANCE

## PROGRAM REGISTRATION FORM

Please complete one form, per student

33639 9th Avenue South  
Federal Way, WA 98003  
253-924-0621

[www.ninthavenuedance.com](http://www.ninthavenuedance.com)

	Last Name	First Name	MI	Date of Birth
Student Name				
Guardian (if under 18)				
Add'l Guardian				

**NOTE: The \$15 Registration fee is Non-Refundable**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

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

**Hm/Wk/Cell Numbers (Please Label and include Area code):** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact (Name, Relation, Phone):** \_\_\_\_\_  
\_\_\_\_\_

Class Title	Day	Time

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ do hold harmless from liability 9th Avenue School of Dance (9th Avenue Performing Arts Center, Inc.) Christina Vandenberg, Campus Business Center along with all owners, instructors agents and their heirs in the event of personal injury or loss while participating in dance classes or related studio activities, such as, rehearsals, performances or traveling with 9th Avenue School of Dance. I understand that I am participating solely at my own risk and that I am in sound health. I have read and agree with the School policies regarding safety, tuition, late payment fees, attire, class assistance and privacy policies.

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

**For School Use Only**

Check#./Cash	Tuition	Registration	Balance Due	Total Paid	Filed By