



Established 1993
 Tel: 630 232 1221
 www.dancencounter.org

Registration Form

Registration Date:

Class Registration fee: \$25 per session ____ Or \$45 per year ____ (check preference)

Session: _____ Or Event: _____

Billing Name

Address

City State Zip/Postal

Home Phone

E-Mail

Parent 1 Hm. Phone
 Cell Wk. Phone

E-Mail

Parent 2 Hm. Phone
 Cell Wk. Phone

E-Mail

Emergency Contacts Phone
 Phone
 Phone
 Phone

Student Name *please complete a separate form for each student*

Address

City State Zip/Postal

E-Mail Cell

Birthdate Sex School Grade

Allergies:

Medical Info:

Dr. Name Phone

Classes	Name	Level	Day	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Preferred Payment Plan would be:
 Full _____
 Split _____
 Monthly _____

Waiver Agreement: My signature permits the registrant to participate in dance related activity, fully accepting all risk

involved and releasing DancEncounter and its employees from any personal damage, loss or injury as well as agrees to all safety protocols, etiquettes, & guidelines as detailed via the website or printed for me at my request to include payment deadlines for tuition & other associated fees/ payment plans. I also permit my dancer to be photo-videographed in studio, class, performance activity, knowing it maybe used for promotional purpose but without publicly exposing my child's identity.

Parent Signature: **X** _____ Date: _____