



DOROTHY KECK DANCERS

1532 Austin Hwy. San Antonio, TX 78218 (210)829-8489 (210)829-5840 fax

REGISTRATION AGREEMENT

In consideration of the benefits derived from the **Dorothy Keck Dancers**, I (we) do hereby agree to indemnify and hold harmless, release and discharge the sponsoring organization of said **Dorothy Keck Dancers** of San Antonio, Texas, its agents, servants or employees, from any and all claims for personal injuries or property damage occurring to or sustained by our (my) boy or girl while participating in said dance activity or while in the act of being transported to and from said activity or activities related to dance and including any and all consequential damage claims which I (we) may be entitled to recover from said injury or property damage claim.

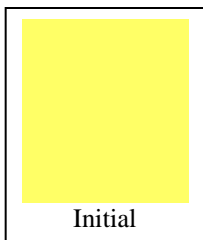
Student's Full Name:			Gender:	Date of Birth:
(1) _____ First MI Last			male/female	____/____/____ Month Day Year
(2) _____ First MI Last			male/female	____/____/____ Month Day Year
(3) _____ First MI Last			male/female	____/____/____ Month Day Year
(4) _____ First MI Last			male/female	____/____/____ Month Day Year
E-Mail Address _____		How did you hear about us? _____		
Street _____ Apt # _____	City _____	State _____	Zip Code _____	
Primary Phone Number () _____ - _____ area code	Secondary Phone Number () _____ - _____ area code (Mother/Father)	Emergency Phone Number () _____ - _____ area code (Mother/Father)		

Please state any medical condition the student(s) has that the Studio should be aware of:

Names of Parents or Legal Guardians:

PLEASE PRINT _____

First and Last Name



All **Deposits, Tuition fees, Trial fees, and Registration fees** are due in advance and are **non-refundable and non-transferable**. All **Summer 2016** tuition balances must be paid **prior to or on the first day of class**. I understand that any photographs taken of the students by the Dorothy Keck Dancers may be used in advertisements such as brochures and web sites for promotional purposes of the Dorothy Keck Dancers and registration in this program/class(es) grants permission to the Dorothy Keck Dancers for photographs to be used for promotional use. Students full name(s) will never be published with any photographs used by the Dorothy Keck Dancers.

Signature of Parent, Guardian, or Adult Student (listed in student box)

Date

FOR OFFICE USE ONLY

Summer 2016: June Session I July/August Session II Summer Dance Camp SDayEvent

	Day	Time	Instructor (A, B)	Class Description	Session (I II DC SDE)
(1)	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
(2)	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
(3)	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
(4)	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____
	M T W TH F Sa Su	_____	_____	_____	_____

Session I deposit/full payment _____ Jun July/Aug _____

Session II deposit/full payment _____ Jun July/Aug _____

Dance Camp deposit/full payment _____ Jun July Aug _____

Single Day Event/full payment _____ Jun July/Aug _____

Trial Class Fee (date _____) _____ Jun July/Aug _____

TOTAL	_____	CASH Receipt #	CHECK Ck#	CCARD (V, MC, DSVR, AMEX)
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