

# THE DANCE CENTER OF QUEENSBURY

12 Maple Street, POB 652, Glens Falls, NY 12801, 798-5058

## REGISTRATION FORM

NAME OF STUDENT \_\_\_\_\_

AGE OF STUDENT \_\_\_\_\_ STUDENT'S DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY # (if different) \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PREVIOUS DANCE TRAINING (new enrollments only) \_\_\_\_\_  
\_\_\_\_\_

CLASS (ES) STUDENT REGISTERING FOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Below is a consent form for any future studio/company publicity for parents to complete. (This is optional)

The following is an authorization and release between the Dance Center of Queensbury, Inc. and \_\_\_\_\_ a, Parent of \_\_\_\_\_ a dancer at the Dance Center of Queensbury, Inc.

I herby authorize the Dance Center of Queensbury, Inc. to use the likeness of my daughter/son in any and all promotional and advertising for the Dance Center of Queensbury, Inc. This includes print media, the internet and any other form of advertisement. I herby release the Dance Center of Queensbury, Inc from any and all liability in connection with the use of the images of my child.

My signature below is my express consent and authorization to the use of any images of my dancer.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent's Name

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Please send completed form to: THE DANCE CENTER OF QUEENSBURY, INC.  
12 MAPLE STREET, POB 652  
GLENS FALLS, NY 12801

THERE IS A ONE -TIME REGISTRATION FEE OF \$12.00 FOR NEW ENROLLMENTS TO ACCOMPANY THIS FORM.

\*Fee is non-refundable