



Yang Dance Academy, Ltd.

Student Registration Form

Student Name: First _____ Last _____ Middle _____
 Date of Birth: _____ Male/Female _____ Home Phone: () _____
 Address: _____ City _____ State _____ Zip _____
 Cell Phone: () _____ Email: _____

If student is under 18 years of age:

Parent/ Legal Guardian Name: First _____ Last _____
 Parent/ Legal Guardian Address (if different from above): _____
 Parent/ Legal Guardian Phones: Cell () _____ Work () _____

By signing below, I, the student, or the parent or legal guardian of the student listed above, understand and agree that:

(a) Yang Dance Academy, Ltd. ("Yang Dance") is not responsible for any illness or injury occurred at Yang Dance or Yang Dance function or in connection with any class, performance or other activities that Yang Dance undertakes. I hereby acknowledge and assume any risks of participation in any class, performance, program and other activities of Yang Dance;

(b) Yang Dance, its employees, contractors, officers, staff and volunteers, shall be indemnified, defended, released and otherwise held harmless for, against and/or from any injury, claim, expenses, damages, loss, or action you or any person under your legal guidance may suffer, generate or sustain while at Yang Dance or participating in classes, performances and any other activities of Yang Dance. This agreement includes any staff or workers of any outside facilities at which performances, rehearsals or other activities of Yang Dance may be held;

(c) All tuition and fees are non-refundable. All photos/videos taken in connection with any activity of Yang Dance may be displayed at Yang Dance, its events or website.

Signature _____ **Date** _____

Print Name _____

Please list the classes the student registers:

CLASS NAME	CLASS DAY/TIME	YEAR/SEMESTER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name(s) of immediate family member(s) that take(s) classes with us: _____

Emergency Contact Name: _____ phone: () _____

OFFICE USE ONLY:

Date _____ Check # _____ Amount _____ Received by _____