

# Isabelle School of Dance Summer Registration Form 2011

E.G. Office: (518) 477-2441 · 1580 Columbia Tpke. · Castleton, NY 12033 · WSL Studio: (518) 674-2242

**Name of Student** \_\_\_\_\_ **Age** \_\_\_\_\_ / /  
Last First Actual Age (as of 7/1/11) D.O.B.

**Name of Parent/Guardian** \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP

**Phone** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Phone Cell Phone Work Phone

Please list any medical conditions / handicaps / allergies the Studio should be aware of: \_\_\_\_\_

**Parental Consent** In consideration of accepting my entry into this studio, I hereby release The Isabelle School of Dance, its instructors, employees, and guests from all responsibilities and claims for injuries that I may receive while practicing dance. Recognizing that there is a risk involved in practicing dance, the undersigned guardian, parent or I hereby agree to save, indemnify and keep harmless this school, its instructors, employees, and guests against all liability, claims, judgments, or demands from damages arising from accidents or injuries of the above applicant or his/her property.

**Picture Consent** By my signature below, I grant **The Isabelle School of Dance, Inc.** permission for my child's photograph to be used in any studio publication or webpage (www.isabelledance.com). INITIALS: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature or parent signature (if under 18 years old) Date

## TECHNIQUE WORKSHOP

Non-refundable \$25 Deposit (by Session) or 1<sup>st</sup> week's class payment (by Class) is due at time of registration

**How Will You Pay?**  By Class  By Session

<u>Day / Time/ Name of Class / EG or WSL</u>	<u>Please Check Weeks (if By Class )</u>					<u>FEE</u>	<u>TOTAL FEE</u>
	1	2	3	4	5		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**PAYMENT RECORD (office use only)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Sub-Total</b>	\$ _____
<b>(Session only) _____ % off</b>	<b>- \$ _____</b>
<b>Total Due</b>	\$ _____
<b>Deposit Paid</b>	\$ _____
<b>Balance Due</b>	\$ _____