Fidalgo DanceWorks

901 3rd Street (across from Dakota Creek Shipyard)
Anacortes, WA 98221 (360) 299-8447

2011-2012 Registration Form

Registration Date:
Account No.

Billing Name
Mailing Address
City | State | Zip/Postal
Home Phone
Email address

Email allows us to use our resources wisely and to send timely and efficient notices to you, including statements, newsletters, and other correspondence. We never sell or rent your email address.

Parent 1 Name | Home Phone
Employer | Wk phone | Cell

Parent 2 Name | Home Phone
Employer | Wk phone | Cell

Emergency Contacts | Home Phone
Home Phone

Student Name
Address
(If different from billing address.)
Female ☐ Male ☐

Birthdate (Required) | **School** | **Grade**

Medical Information
(For conditions that might affect your dancer's health or participation while at the studio. This field is optional.)

Doctor's Name | Phone

Classes

Please note class title, day and time for each enrolled class.

Class Style (Combo, Ballet, Modern, Tap, etc.)	Level (Bal IV, etc.)	Length (minutes/class)	Day(s) (Tu/Th, etc.)	Time (3:45 pm, etc.)	Tuition (We can calulate this for you)
Registration Fee					$25

Total Hours: **Total Fees:**

Fees are non-refundable. Tuition is due upon registration and on the first of each subsequent month. ***Written notice of withdrawal must be received before the first of the month or tuition will continue to accrue.***

I, the undersigned parent or legal guardian of the student named below (self if over the age of 18), understand that dance is a physical activity that may cause injury, and that it is my responsibility to consult with a physician regarding my student prior to enrollment in classes, performances, or other activities at Fidalgo DanceWorks (FDW). I agree to assume full responsibility for any risks, injuries, or damages that may occur as a result of my or my student's participation at FDW, and further agree not to hold FDW, its board of directors, employees, or volunteers liable for injuries sustained, illnesses contracted, or personal property lost due to said participation. I also agree that photographs and videos of students in class, rehearsal and performance may be used for promotional purposes by FDW.

Signature (Required)
(Parent if student is under 18) _____ **Date:** _____

Please print name from signature line:

Yes! I am interested in joining the Parent Dance Association! Please contact me with more information. ☐

Fidalgo DanceWorks admits students of any race, color, sexual orientation, belief system, national origin and ethnic origin to all the privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sexual orientation, belief system, national or ethnic origin in administration of its educational policies, admission policies, scholarship program, or any other school-administered program.