

# THE DANCE CORNER, INC. – REGISTRATION FORM 2009-2010

One form per applicant. Confirmation can be given only if a stamped, self-addressed envelope is enclosed. Please keep your own record of class title, time and day. Mail to:

The Dance Corner, Inc.  
335 Princeton Hightstown Road  
West Windsor, NJ 08550

Primary Adult \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Emergency Information

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does the applicant have any special medical considerations?  
\_\_\_\_\_

I understand every effort will be made to contact me, the contact person or the doctor. If we cannot be reached, I give my consent for the emergency room physician to treat me, my child or my family. Signature \_\_\_\_\_

I, the adult applicant or I, the parent or legal guardian of the applicant listed below, hereby give approval of the applicant's participation in any and all Dance Corner programs and activities registered below. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of The Dance Corner, Inc. programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I also give permission for The Dance Corner, Inc. to take photos of me or my child to use for the website and for purposes of promoting the school. If any child exhibits behavior that is dangerous to herself/himself or to other students, The Dance Corner, Inc. reserves the right to remove the child from the school.

\_\_\_\_\_  
Adult Applicant or Parent/Guardian Signature

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_ (used for Dance Corner & WWPDC business only)

Participant Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Class Fees \_\_\_\_\_

Class Title \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \_\_\_\_\_

Class Title \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \_\_\_\_\_

Class Title \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ \_\_\_\_\_

Payment Choice: Full Amount\_\_\_\_ (\$585 no reg. fee)    Three Payments\_\_\_\_ (\$225 & \$180 & \$180 & \$30 reg. fee)    Total Fees    \$ \_\_\_\_\_

How did you hear about us?

Yellow Pages \_\_\_ Friend \_\_\_ Newspaper Ad \_\_\_

WWPDC Production \_\_\_ Other \_\_\_\_\_

Sibling/Multiple Dance Class Discount \_\_\_\_\_  
On Full Sessions Only

The Dance Corner, Inc. reserves the right, at any time, to cancel or change classes, days and times.    Total Enclosed    \$ \_\_\_\_\_

Bounced check fee: \$30.00    **\*\*NO REFUNDS/CREDIT AFTER TWO WEEKS\*\***

Class Change Fee: \$10.00    5/12/09