



2018-2019 Enrollment Application

Student Name _____ Age _____
DOB _____

Parent/Guardian name _____

Street name _____

City _____ State _____ Zip Code _____

Home phone or Cell Phone _____

Work phone _____ Email _____

Closets Relative or Family Friend for Emergency Contact

Phone _____

Dance Experience

Yrs _____ Teacher _____ School _____

Types of dance training (circle):

**Ballet Creative Movement Jazz Modern Hip-Hop Liturgical Praise African Tap
Zumba**

After noon or Morning Classes

_____ \$60.00 a month (1x) \$120.00 for (2x) Discount for 3x \$150.00

_____ \$30.00 non-refundable registration fee for All Student Classes

_____ \$100.00 Combo Classes (Ages 3-5)

_____ \$5.00 a class (**Zumba Adults**)

_____ \$10.00 non-refundable registration fee for All Adult Classes

_____ \$25.00 All Adult Classes



Checks, Cash, Money Orders, and All Major Credit Cards are Accepted
\$35.00 Return Check Fee.

WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer (s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows, and events offered by or attended by Kali Dance Studio for the Arts. I hereby accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against Kali Dance Studio for the Arts and its owners, officers, directors, employees, and/or other assigned representative or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer (s) listed above while participating at or for Kali Dance Studio for the Arts. Furthermore, I hereby give my permission to Kali Dance Studio for the Arts to use photography and/or videos of the dancers (s) listed above as deemed appropriate for the promotion of Kali Dance Studio for the Arts.

Parent/Guardian Signature _____ Date _____