



Annual Fall Registration Fee is \$15.00 per student

(Please Print Clearly)

STUDENT LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____ AGE _____ DOB _____

CITY _____ Zip _____ EMAIL _____

HOME PHONE _____ OTHER PHONE: _____

Emergency Contact _____

NAME OF PARENT(S) OR GUARDIAN: _____

ARE there any medical conditions we should be aware of? ___ YES ___ NO

If YES, please state and include any instructions on back of this sheet →

New students only....Previous Dance Experience ___ Yes ___ NO

If YES, please list name of school, teachers, styles, and no. of years on back of this sheet →

FALL CLASS CHOICES:

CLASS _____ DAY TIME _____

CLASS _____ DAY TIME _____

CLASS _____ DAY TIME _____

CLASS _____ DAY TIME _____

CLASS _____ DAY TIME _____

List your additional FALL classes on back of sheet..... →

___ * Dancepower Summer Arts Camp

___ * Summer Conditioning Course(s) ___ Junior Level ___ Senior Level

___ * Summer Ballet Intensive ___ Intermediate ___ Advanced

___ * ZUMBA (Discount "class card" is available for ZUMBA)

___ * Martial Arts (Discount "class card" is available for Martial Arts)

(* Note, that these *classes/courses do not require a registration fee. Tuition should be paid when form is submitted to save your spot in the class. Refer to website schedule/tuition pages.)

Since participation in any physical activity includes some element of risk, I release the owner/directors/ teachers of Florida Dance Workshop from any and all liability of loss, or personal injury, that may occur at the Workshop facility, or at any performance venue. If I cannot be reached, in the event of a medical emergency, I give permission for emergency medical treatment. I understand that photos and recordings of participants become the property of Florida Dance Workshop and its directors and may, therefore, be used for future publicity. I further understand that membership requires following policies as outlined in the school Dancenews, Website, and on the Showtime Instruction Sheet and I agree to follow those policies. I understand that tuition and/or costume payments are non-refundable. I agree to submit a written, dated notice of intent to discontinue classes during this dance season. I understand that I am responsible for all tuition payments until the Workshop director has receipt of my notice of such cancellation of future lessons.

SIGNATURE _____ TODAY'S DATE _____

(Parent or Legal Guardian, if under 18)

INSTRUCTIONS: Print and Mail this Signed FORM to the mailing address below. Include Fall Registration Fee and /OR Course Tuition written to:

Michelle Labousier Mandile
341 Lenoir Street,
Port Charlotte FL 33948

