

**KRSD
REGISTRATION FORM**

DANCER'S NAME: _____

AGE: _____ BIRTHDAY: _____

ADDRESS: _____

PHONE NUMBER: _____ EMERGENCY CONTACT: _____

E-MAIL: _____

FIRST CLASS: DAY: _____ TIME: _____ STUDIO: _____

SECOND CLASS: DAY: _____ TIME: _____ STUDIO: _____

THIRD CLASS: DAY: _____ TIME: _____ STUDIO: _____

TOTAL # OF CLASSES: _____

SEPTEMBER PAYMENT – CHECK # OR CASH: _____

We hereby release Kelly Richards School of Dance – From any and all claims for damages or injuries, which our dancer may sustain while participating in any activity connected with the school.

Parents or Guardian's Signature: _____ DATE: _____

MAIL TO 600 LOUIS DRIVE SUITE 204 WARMINSTER PA, 18974