



Enrollment Form

Student's Name: _____

Address: _____

Home Phone: _____ Work/Emergency Phone & Contact Name: _____

_____ Email: _____

Student's age & birth date: _____ Please list any special health conditions or medications, allergies, & physical limitations the student may have: _____

Previous Training: _____

Please tell us where you heard about UFDA: _____

I will allow Upper Falls Dance Academy to photograph or videotape my child and grant them the use of such material for publication in any media related to Upper Falls Dance Academy. Yes ___ No ___

Class/Classes (please state class name, day, & time):

Class Name	Class Day	Class Time

Total Class Hours: _____ Payment Plan: _____

Registration Fee (per family): \$ 25.00

Tuition: + _____

Total Amount enclosed: _____

Waiver and Release: All Students/Parents: I agree to participate in dance and exercise courses given by Upper Falls Dance Academy and certify that I am in good health and capable of participating in the academy's classes. I understand it is the express intent of the academy to provide for the safety and protection of the student, and with that understanding, I hereby release Upper Falls Dance Academy Inc., its director, agents, teachers and employees, from all liability for personal injury, illness or property damage occurring on the academy's premises. I have read the brochure, schedule, tuition options and policies of the academy and am fully familiar with their contents, and with this signature acknowledge the waiver of liability.



Parent/Guardian's Signature (If student is a minor) Date