

impact performing arts

2019 - 2020 DanceWorx Registration Form

Student Name (First): _____ Last: _____

Parent/Guardian: _____ Dancer D.O.B. _____

Email: _____ Cell Phone: _____

City of Residence _____ School _____ Grade _____

Any Injuries or Illnesses NO YES If Yes, what are they? _____

Which Company?	SILVER	PURPLE	GREEN	BLUE	MINI
ALL checks are made payable to Impact Performing Arts.					
VISA	MC	DISC	AMEX	CHECKS*	

CC# _____ EXP: ____/____ CVC _____ Zip Code: _____

*Please make sure all check payments are received on the due dates requested by Tiffany Workman.

I, _____ authorize Impact/DanceWorx to use the credit card provided above to make a payment on the 1st of every month (September – May) for DanceWorx Company and any other Impact and/or DanceWorx items I approve by email or phone such as: camp, costumes, competition fees, Impact dance classes and costumes, etc.

Participation in any Impact Performing Arts activity on or off site, and use of recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities conducted by Impact Performing Arts, I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless Impact Performing Arts, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my child or family members accruing during his/her/our participation in any activity or use of any recreational facility at or conducted by Impact Performing Arts. I also agree to the use of my child's photo/video for Impact Promotional purposes.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____

Payment is due in FULL on for before the first class. NO Sibling Discount for DanceWorx Company Members.

DAY	TIME	CLASS DESCRIPTION	TEACHER