



Blue Moon Dancesport

International Ballroom and Center for the Performing Arts

2011 – 2012
ADULT DANCE REGISTRATION

Date: _____

Complete entire form and return with payment. All fees are non-refundable and non-transferable.

Please Print Clearly

Student Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell #1 _____

E-mail Address _____

Please list any physical / medical conditions you feel we should be aware of: _____

How did you hear about us? Website ___ Ad ___ Referral ___ Online ___ Other _____

Class / Level	Day	Time	Tuition

Total Tuition Due \$ _____

STUDENT AGREEMENT

I agree to abide by the policies and guidelines of Blue Moon Dancesport (BMD). I understand that there are no refunds, credits or deductions for classes missed or discontinued. I also understand that BMD reserves the right to bar any student from entering class or to remove any student from a class due to disorderly conduct/disruptive behavior or for any other reason determined by management. On behalf of myself and other family members in my care, I assume responsibility for any injury sustained or loss of property while on the premises of BMD or any of its related events. I agree to hold harmless BMD, its directors, instructors and any of its agents. I also give permission for photographs that include myself to be used for promotional purposes such as advertising or press releases.

Student 1 Signature

Date