



Billing Account Name

Provide contact info for Parent / Guardian responsible for billing of account

Name		Relationship to student	
Address			
City		State	Zip
Phone	Home	Work	Cell
Email	Personal		
Other Info			

Student Info

Provide Student Info. Please provide address if different from billing account.

Name		M / F	
Date of Birth		School	
Grade	Medical Info		
Address			
City		State	Zip
Student cell		Student email	
Dr. Name			

Waiver

Revelation Dance Studio does not carry Medical or Liability Insurance for its Students. It is REQUIRED that all Students are covered by their own Family Insurance Policies. If injury occurs, it is understood that Student's own Policy is your ONLY source of REIMBURSEMENT. 'Revelation Dance Studio's, owners, and any affiliates associated with 'Revelation Dance Studio' will be forever discharged, held harmless, and are NOT responsible for any injuries of any kind while participating at the studio or any other event associated with the studio. This includes any competitions and performances that we attend. In case of emergency, Revelation Dance Studio reserves the right to call 911 at client's expense. **By signing below you agree to Revelation Dance Studio policies and waiver.**

Parent/Guardian Signature _____ Date _____

REGISTRATION DATE _____

ACCOUNT #

TRIAL CLASS:

DATE _____

TIME _____

Class Name	Day	Time	Monthly Tuition
Tuition Due on the 1 st of each month. A \$25 Late fee is applied after the 5 th each month.			total

Initial Payment (circle one)	
Cash	Check# _____ CC _____
Pro-rate Tuition (1st month only)	
Annual Registration	
Misc.	
Total	