

Discovery School of Dance
2017-2018 MEMBER REGISTRATION FORM



NAME: _____ AGE: _____ DATE OF BIRTH _____

SCHOOL: _____ GRADE Fall of 2017: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ AREA: (S, SE etc) _____ ZIP CODE: _____

MOTHER: _____ CELL/WORK PHONE: _____

FATHER: _____ CELL/WORK PHONE: _____

E-MAIL ADDRESS: _____ (please print clearly)

FAMILY PHYSICIAN: _____ Medical alerts _____

PREVIOUS DANCE TRAINING: _____

REGISTERING FOR THESE CLASSES:

(mark class day & time)

1. _____
2. _____
3. _____

**Please use separate form
for each student.**

Send form & membership fee to:
Discovery School
245 Salem Hts. SE
Salem, OR 97302

OR, Drop thru 245 studio mail slot.

TUITION: \$ _____
MEMBER REGISTRATION FEE: \$ 30 (ind) or \$45 (family)
TOTAL PAYMENT: \$ _____

RELEASE

It is hereby agreed that I, my child, adopted or otherwise, my heirs and executors, release, discharge and absolve Discovery School of Dance and property owner, 256 Salem Heights ,LLC and 245 Salem Heights, LLC and their owners, employees, agents, and representatives whether paid or volunteer, for any injury or damage sustained in connection with an activity related to the Discovery School of Dance in excess of the school's liability insurance limits. The risks involved in respect to these activities are fully accepted as stated herein.

SIGNATURE (Parent/Guardian)

DATE