



2011 Fall Registration Form

Registration forms, checks and other information may be submitted by mail or in our office. Please mail to:
1100 N Tuttle Ave #17, Sarasota, FL 34237

Please limit one family per registration form. If additional forms are needed please attach.

A non-refundable Registration Fee of \$35 per student or \$50 per family is due upon the submission of this form. *Please print clearly.*

Students Name (1)

Date of Birth	Academic School	Grade
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Students Name (2)

Date of Birth	Academic School	Grade
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Parent(s)/Legal Guardian(s) Name

Address

City	Zip
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Phone (1)	Phone (2)
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Phone (3)	Phone (4)
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e-mail(s)

Please list all class codes (listed on the class schedule or at sarasotadanceacademy.com) below that the above named student(s) wish to enroll. Please write numbers clearly.

Student (1)

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Student (2)

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Please date and sign:

The undersigned does hereby agree to waive and release all claims on behalf of the below registered participant against Sarasota Dance Academy and its employees from all responsibilities for personal injuries received or sustained while on the Academy premises.

Student Signature (if over the age of 18) _____ Date _____

Parent/Legal Guardian Signature _____ Date _____