NEW VISION DANCE CENTER

20475 NW Amberwood Drive Suite #150 Hillsboro, OR 97006 • 503.693.6166 (phone) • 503.681.4777 (fax)

Registration Form

Please complete all sections, and provide an updated email address. Registration will be processed on a first come first serve basis.

Parents' Last Name _____ Parents' First Names_____ Returning Family Yes or No

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____ (required)

Student #1 Name _____ Age _____ Birthdate ____-____-____

Student #2 Name _____ Age _____ Birthdate ____-____-____

Student #3 Name _____ Age _____ Birthdate ____-____-____

Student Name	Class Selection	Day	Time	Teacher	Office

I am aware that during the dance/gymnastics lessons, or other related activities that I and/or my child(ren) am participating in, under the arrangements of New Vision Dance Center, certain dangers may occur, including, but not limited to, physical injury due to or arising from the dance lessons or other related activities. In consideration of and as part for, the right to participate in such lessons or other related activities as provided by New Vision Dance Center, and its owners, operators, agents, instructors, and other unnamed assistants, I have and do assume all the above mentioned risks and will hold all the aforementioned people harmless from liability, actions, cause of action, debts, claims, demands of every kind and nature whatsoever which may arise of or in connection with the lessons or related activities provided by New Vision Dance Center. The terms therefore shall serve as a release and assumption of risk for my heirs, executors, and administrators and all members of my family, including any minors accompanying me. _____ Initial

I authorize New Vision Dance Center to charge my debit or credit card referenced below.

Payment Information: VISA / MASTERCARD / DEBIT Card Number _____ Expiration Date _____

Office Use Only

Registration Date: _____ Pymt Info: _____ Comp _____ CL _____ RS _____ Summer Session or Main Session