

Registration Form

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

Family Information

Family Last Name _____ How did you hear about us? _____ Returning Family Yes or No _____
 Contact First Name _____ Contact Last Name _____ Relation to Student _____
 Primary Phone _____ Email Address _____ (required)
 Home Address _____ City _____ Zip _____

Student Information

First Name _____ Last Name _____ Gender M or F Age _____ Birth Date _____ (mm/dd/yyyy)
 Class Selection _____ Day _____ Time _____ Location B/H or PR
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First Name _____ Last Name _____ Gender M or F Age _____ Birth Date _____ (mm/dd/yyyy)
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 Class Selection _____ Day _____ Time _____ Location B/H or PR

Any medical conditions we need to know about to aid us in teaching your dancer (s)?

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 wish to continue on NVDC Auto Pay Program _____ (Signature)

I authorize New Vision Dance Center to charge my debit or credit card referenced below for registration fee and first month's tuition.

VISA / MASTERCARD / DEBIT Card Number _____ Exp Date _____ CCV _____ Billing Zip Code _____

Office Use Only:
 Today's Date: _____ Date of 1st Class _____ Pymt Info: _____ Comp _____ CL _____