



DANCE PROGRESSIONS REGISTRATION

403 ABC ASPEN, CO 81611

T: 970.544.9771

F: 970.925.7518

E: DANCEPROGRESSIONS@COMCAST.NET

DANCER'S NAME: _____

AGE: BIRTH DATE: GRADE: SCHOOL:

EMAIL:

CELL PHONE #:

DP CLASS CHOICES:

MOTHER'S NAME: _____ FATHER'S NAME: _____

HOME PHONE:

HOME PHONE:

CELL:

CELL:

WORKPLACE:

WORKPLACE:

WORK PHONE:

WORK PHONE:

EMAIL:

EMAIL:

(PLEASE WRITE CLEARLY)

MAILING ADDRESS:

PHYSICAL ADDRESS:

EMERGENCY CONTACT: PLEASE INCLUDE ALL PHONE NUMBERS AND PHYSICAL ADDRESS

CREDIT CARD (TO BE KEPT ON FILE INCASE OF OVERDUE ACCOUNTS - MASTERCARD/VISA ONLY)

NAME ON CARD:

CARD NUMBER:

EXP:

PLEASE CIRCLE ONE: I WILL PAY BY CHECK

PLEASE CHARGE MY CARD

PLEASE CIRCLE ONE: MONTHLY

QUARTERLY

BY ENROLLING AND PARTICIPATING IN A DANCE PROGRESSIONS CLASS OR ACTIVITY, PARENTS AND INDIVIDUALS ARE ASSUMING THERE ARE MINIMAL RISKS AND ARE RELEASING HEATHER STARR-KALLAS, ANY TEACHERS AND DANCE PROGRESSIONS FROM ANY AND ALL LIABILITY. PARENTS ALSO UNDERSTAND THAT IN TEACHING MOVEMENT, IT MAY BE NECESSARY THAT THE INSTRUCTOR MAKE PHYSICAL CONTACT WITH THE STUDENT IN ORDER TO ENHANCE HIS/HER COMPREHENSION OF THE MOVEMENT. THIS PHYSICAL CONTACT IS NEVER SEXUAL OR ABUSIVE IN NATURE. II ALSO AUTHORIZE DANCE PROGRESSIONS TO POST PICTURES OR VIDEOS OF CLASSES OR PERFORMANCES ON THE WEBSITE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HOW DID YOU HEAR ABOUT US?

PLEASE LIST ANY ALLERGIES, INJURIES, MEDICAL CONDITIONS, MEDICATIONS, COMMENTS OR CONCERNS!!!