

Dancers Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

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Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Emergency contact other \_\_\_\_\_

Does have your permission to photograph your child while at dance or during dance activities and post to social media, newspaper, etc for the public? Yes No (please circle)

I understand that K-O Dance Studio does not give credit and/or refunds for class(es) missed due to holiday, vacation, illness, weather, etc. I further understand that there are specific risks of physical or property damage, losses, or injury that may result from my or my child's participation and I voluntarily assume the risks associated with such participation. I understand any and all deposits for costumes are final and no refund will be given. I understand that non-payment will result in dismissal of classes and late fees of no less than \$25.00 for each occurrence of more than 30 days. I agree to contact the studio in writing if I decide to withdraw my student for any reason before the end of each semester.

I Accept: \_\_\_\_\_

(Parent/Legal Guardian Name Printed)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_