



**Please Check One:**

- NEW Students*  
 *RETURNING Students*

2623 151<sup>st</sup> Place NE, Building 2  
 Redmond, WA 98052  
**P: 425.867.2300**  
 frontdesk@premieredancecenter.com  
 www.premieredancecenter.com

## FALL-SPRING 2017-2018 REGISTRATION FORM

Student \_\_\_\_\_  
 Last name \_\_\_\_\_ First Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_  
 Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Names of family members enrolled \_\_\_\_\_  
 Last name \_\_\_\_\_ First Name \_\_\_\_\_

Father or Guardian \_\_\_\_\_  
 Last name \_\_\_\_\_ First Name \_\_\_\_\_

Does student have any life threatening Medical Conditions? Yes \_\_\_ No \_\_\_ Please describe \_\_\_\_\_

Please tell us how you found **Premiere Dance Center** Circle One Please

Internet • Microsoft Prime Card • Friend's Name \_\_\_\_\_ • School Packet (which school) \_\_\_\_\_ • Premiere Birthday Party

**THE HOLD HARMLESS & FINANCIAL AGREEMENT:**

The undersigned member and their parent(s)/guardian(s) indemnifies and holds harmless Premiere Dance Center and its agents and officers, staff from any liability whatsoever for any damages or injuries and from any and all claims and demands including attorney fees, arising out of the parties participation in dance classes, private lessons, rehearsals and/or performances provided by or participated in, through The Premiere Dance Center. We suggest you consult your physician prior to participation.

In addition (**CIRCLE ONE PLEASE I do or I do not**) give permission for Premiere Dance Center Staff to authorize **Emergency Medical Treatment** for the above named student in the event that they find necessary.

I hereby assume all **Financial Responsibility** for the above student enrolled at Premiere Dance Center. I further understand I will be charged for all classes until I have notified PDC in writing of my child's withdraw from classes. In event it becomes necessary to refer this account for collection, you (as the parent/guardian) will be liable for all collection fees, including attorney fees, interest, etc.

**NO REFUNDS:** Missed classes must be made up within session of missed class. **NO CASH REFUNDS** are given. **NO TUITION IS TRANSFERABLE.**

I HAVE READ AND SIGNED THE PREMIERE DANCE CENTER POLICIES DOCUMENT

X

Signature (of parent if under 18)

Date

\_\_\_ Session I (8/28 – 9/23)      \_\_\_ Session IV (11/20 – 1/6)      \_\_\_ Session VII (3/12 – 4/7)  
 \_\_\_ Session II (9/25 – 10/21)      \_\_\_ Session V (1/8 – 2/3)      \_\_\_ Session VIII (4/16 – 5/12)  
 \_\_\_ Session III (10/23 – 11/18)      \_\_\_ Session VI (2/5 – 3/10)      \_\_\_ Session IX (5/14 – 6/11)

Day	Time	2016-2017 School Year Classes	Instructor	Hours
	to			
	to			
	to			
	to			
	to			
	to			
Start Date:	Trial Date:	Years of Dance:	Hours Registered Per Week:	

**NOTES:**

Payment Received By:	Signature on File		4-Week/Monthly Tuition	
	Master Card or Visa #		Discount(s): MSP/Family/Yearly/Cash/Ck	
	CC Expiration Date		Adult Punchcard	
	Microsoft Prime Card#		Subtotal	
	V-Code:		Reg Fee – Returning Customer	\$25.00
Date:	MSPC Exp Date:		Reg Fee – New Customer	\$30.00
			Reg – 2nd Family Member/Re-enroll	\$10.00