

FLAMENCO OMAHA – Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Name of Person responsible for paying fees: _____

Primary Email Address: _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies ___ I/we understand my billing obligations

___ I/we understand the risks related to dance ___ I/we understand the schedule

___ I/we understand the dress code ___ I/we give media use rights permission

___ I/we understand the attendance policy

Signature / Responsible Party Date

Classes (Please list the class/classes you are interested in registering for)

Registration Fee: _____

Tuition: _____

Discounts: _____

Total Monthly Tuition _____

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no)

If yes – Explain: _____