

Thomas School of Dance
193 Union Street Bangor, Maine 04401 207-945-3457
thomasschoolofdance@gmail.com **2021-2022 Registration Form**

Please return this with your non-refundable \$15.00 registration fee per student and signed waiver.

Primary Contact/Billing Information:

Parent/Guardian Name(s) _____

Mailing Address _____ **City** _____ **Zip Code** _____

Email Address(es) _____ **Primary Phone** _____

Additional Phone(s) Home # _____ Cell # _____ Work # _____

Choose payment plan: Bi-Annually _____ Monthly _____ Session (Workshops only) _____

*Please note payment plan responsibilities which can be found on the "Policies" page of our website or obtained at our front desk.

Additional Parent/Guardian/Emergency Contact Information:

Parent/Guardian Name _____ *Email Address* _____

Address if different from above: _____

Home # _____ *Cell #* _____ *Work #* _____

Student Name _____ **Gender** _____

Student Cell # _____ **Student Email Address** _____

Student Birth Date _____ **School** _____ **Grade** _____

Additional Student Name _____ *Gender* _____

Student Cell # _____ *Student Email Address* _____

Student Birth Date _____ *School* _____ *Grade* _____

Please list the class(es) in which you are enrolling including day & time (or workshop session start date). Example: Student #1: Mary 1) Preschool, Wed. 4-4:45

Student #1	Student #2 (or additional classes)	Student #3
1)	1)	1)
2)	2)	2)
3)	3)	3)
4)	4)	4)

Does the above named dancer plan to perform in the spring recital? Please circle: Yes No Unsure

In order for us to provide the best possible educational experience for your child, please explain below any medical conditions or special learning needs

Signed: _____ Date _____
(parent/guardian or student if over 18)

Please check location that applies: Bangor _____ Ellsworth _____ Dexter _____ Unity _____ Office Use Only: Waiver Filed _____

THOMAS SCHOOL OF DANCE

2021-2022 WAIVER and AGREEMENT

DANCER NAME(S): _____ Please read and sign the waiver below:

I fully understand that the dancer(s) named above will attend classes and/or rehearsals at Thomas School of Dance and may rehearse or perform at other locations at his/her own risk and Thomas School of Dance will not be held responsible for any injury or illness incurred.

I have read the “Policies and Guidelines” of Thomas School of Dance and understand that it is my responsibility to seek clarification where needed and adhere to the stated policies.

I have chosen a payment plan and understand that it is my responsibility to pay tuition and other fees by the due dates specified on the Thomas School of Dance “Calendar.”

I understand that Thomas School of Dance sends out communications primarily electronically and if I wish to receive hard copies of communications (newsletters, account statements, recital information, etc.) it is my responsibility to obtain/request those at the Thomas School of Dance reception.

I give permission to Thomas School of Dance to use any photographs and/or videos of the dancer(s) named above on the Thomas School of Dance website and/or for any other publicity purposes, including but not limited to news media, brochures, posters and any other print materials generated by Thomas School of Dance.

PLEASE INFORM THOMAS SCHOOL OF DANCE AT THE TIME THIS WAIVER IS SIGNED OF ANY EXCLUSIONS AND/OR LIMITATIONS REGARDING ANY PART OF THIS WAIVER.

The laws of the State of Maine shall apply to this release. If any of the provisions contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions shall be deemed severable, and all other provisions shall remain valid and binding.

I am an adult (18 years of age or older), competent to sign this release. I have read this release and I am signing it voluntarily, with knowledge of the nature and consequences thereof and with the intent to be legally bound thereby.

Agreed to and signed: _____ Date: _____
(parent/guardian or dancer if over 18)