Thomas School of Dance

193 Union Street Bangor, Maine 04401 207-945-3457 thomasschoolofdance@gmail.com **2023-2024 Registration Form**

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

| Primary Contact/Billin | | | |
|---|---|-------------------------------|---|
| Parent/Guardian Nam | e(s) | City | Zin Codo |
| Email Address(as) | ling Address City Zip Code ail Address(es) Primary Phone | | |
| Additional Phono(s) Home | Coll | _ Frimary i | Work # |
| Choose payment plan: | Ri-Annually Month | #So | Work # ssion (Workshops only) |
| *Please note payment plan. | responsibilities which car | n be found on | the "Policies" page of our |
| website or obtained at our | front desk. | i be found on | the Tolleies page of our |
| Additional Parent/Guardi | | | |
| Parent/Guardian Name_ | | Email A | ddress |
| Address if different from a | ıbove: | | |
| Home # | Cell # | | Work # |
| Student Name | | | Gender |
| Student Cell # | Student Email Add | lress | |
| Student Birth Date | School | 1 | Gender Grade |
| | | | |
| Additional Student Name_ | | | Gender |
| Student Cell # | Student Email Add | dress | |
| Student Birth Date | School _ | | Gender Grade |
| Please list the class(es) in start date). Example: Stud | | | time (or workshop session |
| Student #1 | Student #2 (or addition | nal classes) | Student #3 |
| 1) | 1) | | 1) |
| 2) | 2) | | 2) |
| 3) | 3) | | 3) |
| 4) | 4) | | 4) |
| Does the above named dar | ncer plan to perform in the | spring recita | l? Please circle: Yes No Unsure |
| In order for us to provi please explain below a | ide the best possible ed ny medical conditions o | lucational e or special le | experience for your child, earning needs |
| Signed:(parent/guardian or stude | nt if over 18) | | Date |
| The state of states | 0 . 02 20 , | | |
| Please check location that Use Only: Waiver Filed | applies: Bangor Ellsw | orth De | xter Unity Office |

THOMAS SCHOOL OF DANCE

2023-2024 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 a Thomas School of Dance and may rehearse or perform at other location risk and Thomas School of Dance will not be held responsible for any incurred. | ons at his/her own |
| I have read the "Policies and Guidelines" of Thomas School of Dance that it is my responsibility to seek clarification where needed and adhe policies. | |
| I have chosen a payment plan and understand that it is my responsibil and other fees by the due dates specified on the Thomas School of Da | |
| I understand that Thomas School of Dance sends out communications electronically and if I wish to receive hard copies of communications account statements, recital information, etc.) it is my responsibility to those at the Thomas School of Dance reception. | (newsletters, |
| I give permission to Thomas School of Dance to use any photographs the dancer(s) named above on the Thomas School of Dance website a publicity purposes, including but not limited to news media, brochure other print materials generated by Thomas School of Dance. | nd/or for any other |
| PLEASE INFORM THOMAS SCHOOL OF DANCE AT THE TIMI IS SIGNED OF ANY EXCLUSIONS AND/OR LIMITATIONS RECPART OF THIS WAIVER. | |
| The laws of the State of Maine shall apply to this release. If any of the contained herein are declared illegal, unenforceable, or ineffective in forum or proceeding, such provisions shall be deemed severable, and shall remain valid and binding. | a legal or other |
| I am an adult (18 years of age or older), competent to sign this release release and I am signing it voluntarily, with knowledge of the nature a thereof and with the intent to be legally bound thereby. | |
| Agreed to and signed: Date (parent/guardian or dancer if over 18) | e: |
| (parent/guardian or dancer if over 18) | |