

UNIVERSAL DANCE ACADEMY

Enrollment Form

Student's Name _____

Date Of Birth ____/____/____ Age____M/F _____

Father's Name _____

Mother's Name _____

Check here if new student or updated information

How did you hear about us? _____

Billing Name _____

Billing Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Billing e-mail Address _____

In Case of Emergency
Name & Phone: _____

Optional: Additional address to receive Session Newsletters.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Other Contact e-mail Address _____

To Register: Enter class codes on the back of this form. Come to the Open House or send this enrollment form along with an annual enrollment fee of \$25.00 per student or \$40.00 per family to:

Universal Dance Academy
2709 O Street, Suite B
Lincoln, Nebraska 68510

An annual enrollment fee is required for each student to register. It is not a deposit towards class fees.

Waiver & Release: I hereby waive all claims for injury, damage or loss to my person and property during my participation and release the promoters, directors, principals, agents and employees of the Universal Dance Academy, Inc. from any liability for injury, damage or loss which may be caused by any act or omission of any of them. I understand that the purpose of dance instruction is to provide performing experience in various forms of dance and that dance activities may involve personal hands on instruction, dance workshops, practice sessions and competitions for participants. Photographs, recordings, taping or filming of participants by staff members, photographers, videographers or members of the press become the property of Universal Dance Academy, and may be used for future publicity. I agree and accept the above waiver and release agreement.

Parent/Guardian
Signature _____ Date _____



UNIVERSAL DANCE ACADEMY

Registered
Code
Numbers

1.

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2.

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3.

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4.

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6.

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8.

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Universal Dance Academy
2709 O Street, Suite B
Lincoln, Nebraska 68510
**We're moving, fall 2010! 48th & R*
477-5900

Check #: _____ Date: _____

Amount: _____

AXS: _____ QB: _____

