



Registration Date: _____

Student's Name: _____ DOB: _____

School Student Attends: _____ Grade Level: _____

Student's Name: _____ DOB: _____

School Student Attends: _____ Grade Level: _____

Student's Name: _____ DOB: _____

School Student Attends: _____ Grade Level: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent 1: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell: _____ Email: _____

Parent 2: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell: _____ Email: _____

Student's Cell Phone: _____ Student's Email: _____

Payment Includes 1st Payment - or - Full Year Payment @ 5% Discount
20% discount for second child

Amount Enclosed _____

Make checks payable to: Hilton Head Dance School, 24 Palmetto Business Park, Hilton Head Is., SC 29928

Please Check the classes you wish to attend.

Pink* (3 yr. old)	Tues. _____	or Wed. _____	or Thurs. _____	(2 @ \$130)
Light Blue* (4 yr. old)	Tues. _____	or Wed. _____	or Thurs. _____	(2 @ \$155)
Navy Blue* (Kinder)	Tues. _____	or Wed. _____	or Thurs. _____	(2 @ \$155)
Royal Blue* (1st Grade)	Mon. _____	or Tues. _____	or Thurs. _____	(2 @ \$155)
White* (2nd Grade)	Mon./Wed. _____		or Tues./Thurs. _____	(6 @ \$125)
Black* (3rd Grade)	Mon./Wed. _____		or Tues./Thurs. _____	(6 @ \$125)
Green (4th Grade)	Mon./Wed. _____			(6 @ \$135)
Burgundy (5th Grade)	Mon./Wed. _____		or Tues./Thurs. _____	(6 @ \$145)

* Please check your preference, but classes will be filled on a first come, first served basis.

Intermediate I	_____	(6 @ \$175)	Company	_____	(6 @ \$215)
Intermediate II	_____	(6 @ \$175)	Jazz* (High School Only)	_____	(\$100/8 Classes,
Apprentice	_____	(6 @ \$180)			*Included w/ Company)

Parent Signature: _____ Date: _____

Registration

Hilton Head Dance School, Inc.
2011 - 2012

Release and Authorization

(Student's Name) _____ is participating in ballet/dance classes instructed by agents of the Hilton Head Dance School, Inc. I understand the risk of injury is inherent in any physical activity and I, individually and on behalf of my child, knowingly and voluntarily accept that risk. In consideration of the instruction provided I/we release the Hilton Head Dance School, Inc. and Hilton Head Dance Theatre, Inc., their agents, owners, and employees from any and all claims, demands, actions or causes of action on account of any injury of any sort or any severity which may occur to my child during said programs or any activities related thereto. I hereby give permission to the Hilton Head Dance School, Inc. for emergency medical treatment to be administered to my child in the event of any emergency that should occur. This will include summoning medical assistance as well as administering emergency first aid assistance.

Indicated in the space below, please list any health problems or conditions of which the school should be aware (such as heart, back, medical, allergy, muscular, diabetes, epilepsy, chemical or neurological condition, special medical, knee, kidney, etc.)

Name of Doctor _____ Phone: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Please note:

- * Your student will be enrolled in 2nd semester unless you provide us with written notice (or via email) stating otherwise.
- * We strongly encourage you to inform a HHDS staff member by phone, email or in-person of any absences. Also, we encourage you to check with a staff member for an appropriate make up class.
- * In the circumstance that the student has missed more than six months, we require the student to take a placement class at a fee of \$50. (Black Level and up)

Printed Parent Name: _____ **Date:** _____

Parent Signature: _____

HHDS Representative: _____ **Date:** _____