



## **Dance 2019-2020 Registration Form**

**Participants Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (Information will be sent via e-mail)

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Class 1-** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_

**Class 2-** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_

**Class 3-** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_

**Class 4-** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_

**Class 5-** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_

**Class 6-** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_

**Apply Discount:** Y N

**Total Monthly Tuition:** \_\_\_\_\_

Please read and sign the following release:

In consideration of the participants being permitted to enroll in the program(s) listed above, I hereby release, indemnify, and hold harmless Desiree Catania Dance Center, it's employees, operators, and instructors from any and all claims and demands, costs, charges, and expenses for harm injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in the program(s) listed above. I also understand that each participant has the responsibility to exercise due care in the performance of the activities/programs(s) listed above for the safety of himself/herself and the other participants.

**\$40 Registration Fee**

**I have read, and I understand, the above liability release:**

\_\_\_\_\_  
**Signature of Parent and/or Guardian**

\_\_\_\_\_  
**Date**

**Desiree Catania Dance Center**  
**446 Lancaster Ave, Malvern PA 19355**  
**484.328.3297**  
**Email: desireecataniadc@gmail.com**

*10<sup>th</sup> Anniversary Season!*