



**SAMPLE SATURDAY REGISTRATION FORM:**

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_

Email (Important as this is our main means of communication) \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent(s)/Guardian(s) Names \_\_\_\_\_

I understand and agree that Brighter Days Dance Studio and its staff will assume no responsibility for any injuries or medical expenses incurred by my child/children or myself. We agree to hold harmless, Brighter Days Dance Studio, from liability for injury or damage to person or property as a result of said student's participation in Brighter Days Dance Studio activities. I also understand the mission of Brighter Days Dance is to nurture spiritual growth by using Bible scriptures, prayer, God honoring dance moves and Christian music in all classes.

**Signature/Date** \_\_\_\_\_

I, consent and agree that Brighter Days Dance, its' employees, or volunteers have the right to take photographs of my child during class, and to use these in any and all media, now or hereafter known.

I do hereby release to Brighter Days Dance, its' agents, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

\_\_\_\_\_  
Name of adult AND child's name

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

Please fill in one line for each class your child(ren) want to take. Please fill out the 2<sup>nd</sup> choice option in case the first choice class is already filled. You will receive an email confirmation upon receiving the registration form and payment.

Dancer's Name	Male or Female	Dancer's Birthdate	Does your child have: Learning/Sensory Concerns OR Physical Restrictions	Class name & number (ex: Jazz #May4)	Class cost

For Staff Use Only:

Payment Type: Cash  Amount \_\_\_\_\_ Check  Amount \_\_\_\_\_

Credit Card  Amount for class(es) plus 4% of that amount for a processing fee \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_ Billing zip code \_\_\_\_\_

Payment Plan  Amount \_\_\_\_\_ (must complete paperwork)

Please make checks payable to Brighter Days Dance and mail the registration form and check to 2593 N. Humpty Dumpty Rd. Reedsville, WI 54230

OR Fill out the form with a credit card number and email to [brighterdaysdance@gmail.com](mailto:brighterdaysdance@gmail.com)

Upon processing your registration, you will receive an email confirmation.

**\*\*\*NO REFUNDS WILL BE ISSUED FOR THESE CLASSES AFTER MAY 15TH\*\*\***