

Wilhelm Dance - Registration Form - 2017-18

19555 Center Ridge Road, Rocky River, Ohio 44116

(440) 333-3880

www.wilhelmdance.com

Student (1) _____

Student (2) _____

Birthdate (1) _____

Birthdate (2) _____

Address _____

Phone _____

City/Zip _____

Email _____

Classes

(please write class day, class time & class description, example "Tue 5:30, 6+ Tap")

(please write unlimited, if probable Junior, Senior or Advanced Dance Team or Company dancer)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

(Please call with questions about Jazz, Hip-Hop, and Tap competition teams and Youth Ballet Company)

Payment

(to register, form must be accompanied with registration fee plus 1st month's tuition)

(mail forms and payments to Wilhelm Dance, 19555 Center Ridge Rd, Rocky River, OH 44116)

Amount enclosed: \$ _____

Check # _____

Cash

RELEASE: My child has permission to participate in dance. I understand that participation in dance may involve risk or injury, and I am willing to assume the risk and responsibility for any injuries sustained by my child. I understand that Wilhelm Studios dba Wilhelm Dance Company dba Lisa Wilhelm Academy of Dance and its representatives are not responsible for any injuries occurring during participation in dance and shall hold harmless Wilhelm Studios dba Wilhelm Dance Company dba Lisa Wilhelm Academy of Dance and its representatives for all and any responsibility for such risk and/or injuries.

Also, in case of an emergency, I give permission for emergency medical treatment for my child if necessary.

Signature of parent/guardian:

In case of emergency, please contact:

Name _____

(please print name) _____

Phone _____