

**Yellowbird Expressive Arts
Youth Dance Registration Form
Fall Session 2017**

Student Name: _____ Date: _____

Name of Parent(s): _____

Address: _____

City _____ State: _____ Zip: _____

Best phone: _____ Email: _____

Youth Dance Dates: October 3 – December 12 (10-week series)
Note: No class on 10/31 (Halloween)

Day/Time: Tuesdays from 4:45-5:45pm

Cost: \$105 for 10-week series OR \$15 drop-in rate per class

Participants: Space is limited, advance sign-up is suggested

Location: Art Produce Community Room (North Park)
3139 University Avenue (SD, 92104)
Entrance through back of building, on Herman Ave.

Does your child have any medical or physical conditions that I should be aware of? _____ YES _____ NO

If yes, please elaborate with relevant information:

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Payment Information: Full Payment (cash, check, or credit card) for the 10-Week Series (\$105) is due by first day of class unless other arrangements are made with Erika Malone. Payment plans are available if needed.

I understand that the 10-week series fee is \$105, and that if my child misses class, reimbursement is not possible. Alternately, the drop-in rate is \$15 per class. Initial: _____

By signing below, I understand that Yellowbird Expressive Arts and Art Produce (and their directors, officers, employees, teachers or volunteers) will not be held responsible or liable for any injury, accident, or damages that may occur during these dance classes, either inside or outside of Art Produce.

Signature of Parent: _____ **Date:** _____