

I agree to pay \$ _____ a month until I notify in writing Debra Kay Fish-Diette, the director, to remove my child from her dance class.

General Release Form

Being aware that there is some risk involved whenever a program involving children is conducted I agree to release and hold harmless the FISH-DIETTE ACADEMY OF BALLET and DEBRA KAY FISH-DIETTE and/ or any of the assistant teachers from any damages of physical injury that may be incurred while my child _____ is involved with the dance academy in attending classes or performing with the group. I further accept all responsibility for damages or physical injury incurred in transporting my child to and from classes and performances. I realize that performances are optional and it is my responsibility to transport my own child.

Signature of Parent of Guardian

Date

Name _____ **Age** _____

Address _____ **Phone** _____

City/Town _____ **State** _____ **Zip** _____

Email _____ **School Grade Level** _____

Responsible Party _____ **Years of Dance** _____

THE FISH-DIETTE SCHOOL OF BALLET IS NOT RESPONSIBLE FOR ACCIDENTS OR INJURY

Name _____

Class Style _____ **Day/Time** _____

Registration Fee \$15.00 _____ **Monthly** _____

Month						# Missed	Make Up Date
Sept							
Oct							
Nov							
Dec							
Jan							
Feb							
Mar							
Apr							
May							
June							