

The Maureen Fraser School of Dance

Student name _____

DOB(day/month/year) _____

Parent/Guardian's name _____

Phone #(home) _____ (work) _____

Email address _____

Fundraising for Recital costumes/props:(please check appropriate box)

sell chocolate bars - 1 box/costume, 2 boxes/2 + costumes

donation - \$30./costume, \$50./2 costumes, \$60./3+ costumes

| 1 st Term September – December 2011 | | 2 nd Term September – December 2012 | |
|---|------|---|------|
| CLASS | COST | CLASS | COST |
| | | | |
| | | | |
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| | | | |
| | | | |
| Costume Fee \$30. | | <i>(New students only)</i> Costume Fee \$30. | |
| Bars @ \$60./box | | <i>(New students only)</i> Bars @ \$60./box | |
| Subtotal | | Subtotal | |
| Minus class discount \$10 - 2 nd class \$15 - 3 rd class \$20. -4 th class | - | Minus class discount \$10 - 2 nd class \$15 - 3 rd class \$20. -4 th class | - |
| Total | | Total | |

NOTES:
(office use)

*Please print above and sign the **Release Waiver** below. Parents sign if student is under 18yrs

I, _____, _____ the parent/guardian of _____
 _____ understand and agree that The Maureen Fraser School of Dance and its teachers will not be held responsible/liable for any accidents or injuries occurring to students and family members(including non family guests and guardians)when on the premises both participating in class and not. I also acknowledge that I(as a student) and/or my child(as a student) is physically/mentally deemed fit enough to engage in dance class.