

# Wilhelm Dance - Registration Form - Fall 2010

19555 Center Ridge Road, Rocky River, Ohio 44116

1482 Lear Industrial Parkway, Avon, Ohio 44011

(440) 333-3880

www.wilhelmdance.com

Student (1) \_\_\_\_\_

Student (2) \_\_\_\_\_

Birthdate (1) \_\_\_\_\_

Birthdate (2) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Circle One (or both if intermediate/advanced):

Rocky River Studios

Avon Studios

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 Lisa with questions about Jazz, Hip-Hop, and Tap competiton teams and Youth Ballet Company)

Payment (to register, form must be accompanied with registration fee of \$25 plus 1st month's tuition)

(mail all correspondence and payments to Wilhelm Dance, 19555 Center Ridge Road, 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 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 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 \_\_\_\_\_