



Registration Form

Mail to: 100 Arbor View Court – Woodstock, GA 30188

Phone: 770-710-1152

Email: info@powertapslogging.com

DANCER INFORMATION:

Today's Date: _____

Dancer Name: _____

Date of Birth: _____ Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number(s): _____

Email Address: _____

School Attending: _____ Grade in School: _____

How did you hear about us? _____ Referred by: _____

List prior clogging experience? _____

T-Shirt Size (available in Youth & Adult Sizes): _____

Are you a new student (to this studio)? Yes: _____ No: _____

If yes, please submit your Annual Dancer Registration payment of \$20.00 (non-refundable), made payable to **PowerTaps**, along with this form.

In case of emergency, please notify (someone other than parents):

Name: _____ Phone: _____

Does the dancer have any medical problems that we should be aware of? Yes: _____ No: _____

If yes, please explain: _____

I prefer to participate in the following class(es):

Beginner: _____ Intermediate: _____ Competition Team: _____

DISCLAIMER:

Submitting this form means that you are registering yourself and/or child for clogging classes through PowerTaps and understand and accept the following: I hereby enroll myself or my child for the entire clogging term and agree to all payment policies, dress codes, and other rules and regulations as posted at the studio and/or on our website. I understand that all tuition payments are non-refundable and agree to pay late fees for late tuition payments and service charges for bad checks. I also understand that in order to withdraw from the program without paying for the month, I must withdraw in writing otherwise will be held responsible monthly class payments and clogging items ordered for you or your child. I recognize that attendance and participation in clogging may expose me or my child to risk of injury or harm, and I accept this risk and agree that PowerTaps and its staff will not be held responsible should such injury or harm occur. I hereby authorize PowerTaps to use photographs or videos of you or your child on it's website and any publicity materials.

Signature: _____ Date: _____

Office Use

<u>Level:</u>	<u>Class Day/Time</u>	<u>Class Start Date</u>	<u>Monthly Tuition</u>	<u>Payment Received</u>
Beginner	_____	_____	_____	_____
Intermediate	_____	_____	_____	_____
Competition	_____	_____	_____	_____