



2765 Post Road  
 Warwick, RI 02886  
 (401)739-2563

<https://www.facebook.com/DistinctiveDanceEtc/>  
 distinctivedanceetc@gmail.com  
*Stacy Capone-Owner/Instructor*

M T W Th F S

Class:

Time:

**Please complete information below**

TODAYS DATE:

**1. Contact Information**

Parent's name:  Mr.  Ms.

Mrs. \_\_\_\_\_

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Preferred Method of Contact: Text  Email  Phone

\*Would you like to keep your payment info on file for monthly tuition payments? Yes  No   
 IF YES -PLEASE COMPLETE MONTHLY DRAFT AUTHORIZATION FORM

**2. Preferred Payment**



Annual Registration Fee	Tuition Class Card Fee	Event Camp/Bday Fee	Total PAID
\$25.00	\$	\$	\$

**3. Notes**

Parent/Guardian's Signature: \_\_\_\_\_



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## ***Liability Waiver Acknowledgment of Risk***

READ AND SIGN BELOW

**REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE. MUST BE COMPLETED BEFORE CLASS**

I understand and agree that in participating in any class, workshop, camp, birthday party, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore; to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Distinctive Dance Etc. LLC classes, workshops, camps, birthday parties, rehearsals, performances, or activities. I also exempt, release, and indemnify Distinctive Dance Etc. LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Distinctive Dance Etc. LLC. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Distinctive Dance Etc. LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted Distinctive Dance Etc. LLC to use photographs of students for publicity purposes, i.e. newspaper/magazine advertisements, flyers, and social media.

**I have read, understood and agree to be bound by the above statement.**

**(Please print your name, sign & date):**

**Parent/Guardian Name ( PRINT)\_\_\_\_\_**

**Parent/Guardian (SIGNATURE)\_\_\_\_\_**

If under 18, parents or legal guardian must sign

**STUDENT NAME: \_\_\_\_\_**

**DATE: \_\_\_\_\_**