



NEW CLIENT REGISTRATION

Class Style: _____ Division: _____ Day: _____

First name: _____ Last name: _____

Birthday: _____ Gender: _____

Phone: _____ Email: _____

Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Student: _____

Phone: _____

Email: _____

NOTES:

PAYMENT AGREEMENT

I understand that when registering for classes at *Lisa Renee's Dance and Enrichment Studios (The Studios)* I am purchasing a 5 Class Package, 15 Class Package or Unlimited package. I understand that I have three (3) months from the date of my purchase to redeem the allotted class credits included in my purchase. I understand that if I do not use all of the class credits purchased in my package within three months, the remaining credits will expire and I will be unable to redeem them. I HAVE READ THIS DOCUMENT AND UNDERSTAND IT.

Name of Participant (Please Print)

Signature of Participant (18 years or older) or Parent/Legal guardian

Date Signed