DanZQuest Registration Form

NAME:	(MI)	(14)
(First)	(MI)	(Last)
ADDRESS:		
CITY:	STATE:	ZIP:
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2nd session – class/day/time	//	
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<u> </u>	PAYMENT PLAN (circle one	
DANZQUEST DOES NOT CARRY EACH STUDENT HAVE THEIR ON HOLD DANZQUEST LIABLE FOR MEDICAL BILLS INCURRED AS FRESPONSIBILITY. I DO NOT HOLD WAIVE AND RELEASE ANY ANI PARTICIPATING IN OR FOR DACAPTURED IN CLASS, REHERSAL PHOTO AND DIGITAL CAMERA MATERIAL, NEWSLETTERS, WUNDERSTAND THE STUDIO INFO	INSURANCE FOR INDIVIDUAL WN MEDICAL COVERAGE. BY ANY INJURY, ILLNESS OR SIC RESULT FROM INJURY, ILLNE D DANZQUEST LIBABLE. I HE D ALL CLAIMS WHICH MAY BI ANZQUEST. I GIVE MY PERMIS LS, PERFORMANCES AND SPECTO BE USED FOR THE PURPOS WEBSITES AND PUBILICATION RMATION, POLICIES AND CONTUDIO WEBS	JURY, ILLNESS OR SICKNESS. L STUDENTS AND REQUIRES THAT SIGNING BELOW, I AGREE NOT TO CKNESS. I UNDERSTAND THAT ANY SS OR SICKNESS WILL BE MY SOLE CREBY FOR MY CHILD AND MYSELF E SUFFERED BY MY CHILD WHILE SSON FOR IMAGES OF MY CHILD, CIAL ACTIVITIES THROUGH VIDEO, LES OF DANZQUEST PROMOTIONAL N. I HAVE RECEIVED, READ AND MPANY CONTRACT STATED AT THE SITE. (DATE)
	CONTACT INFORMATION:	
MOTHER:	FATHER	:
WORK/CELL:	WORK/CE	 LL:
HOME:	HOME:	
E-MAIL ADDRESS FOR DANZQUES	T NEWS,ECT.	
EMERGENCY CONTACT and PHO	ONE NUMBER:	
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