

BOLD STEPS DANCE STUDIO

CHECK WHICH CLASS YOU WOULD LIKE TO PARTICIPATE IN:

HIGHLAND DANCING

STEP DANCING

BOTH

Student's Name: _____

Student's Age: _____

Dance Experience: _____

Parent's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Any dancer participating in a dance class takes certain risks. These include, but are not limited to sprain, pulled muscles, broken bones. Participating indicates the acceptance of such risks. Bold Steps assumes no responsibility for personal injury or property lost. I will not hold Bold Steps responsible in case of accidents or injuries that occur during dance classes or performances. By signing this form I also understand that there are no refunds, credits, make up or extensions for missed classes.

Signature: _____

Amount to be paid: _____

Amount Enclosed: _____