

PowerHouse Dance Inc. Enrollment Form

Summer

Today's Date: _____

Name: _____ Age: _____ Birthdate: ____/____/____

Address: _____ City/Zip: _____

Parent's Names: _____

Home Number: _____ (Mom) _____ (Dad)

Work Number: _____ (Mom) _____ (Dad)

Cell Number: _____ (Mom) _____ (Dad)

Parent E-mail Address: _____

How did you hear about PHD? _____

List any medical information PHD should be aware of. _____

| Class | Day | Time |
|-------|-----|------|
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| 4. | 4. | 4. |
| 5. | 5. | 5. |
| 6. | 6. | 6. |
| 7. | 7. | 7. |
| 8. | 8. | 8. |
| 9. | 9. | 9. |
| 10. | 10. | 10. |
| 11. | 11. | 11. |

I understand that PowerHouse Dance Inc, Carrie Schmidt, and her employees are not liable for any injuries that may occur while my son, daughter, or family members are involved with lessons and activities on PHD property, or while participating in PHD related events; and agree to hold harmless PHD and it's employees from negligence, active or otherwise, of PHD, it's agents or employees.

Signature: _____ Date: _____

(Parent or Legal Guardian if under age 18)