

# PowerHouse Dance Inc. Enrollment Form

Fall/Spring 2007-2008

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)