

Dance Institute of The University of Akron

Akron, Ohio 44325-1005
330-972-7949

BALLET LEVEL _____

TAP LEVEL _____

REGISTRATION FORM

Semester _____

Today's Date _____

Name _____

Birth date (mm/dd/yy) _____

Age _____

Academic School _____

Grade _____

Home Address _____

City _____ State _____ Zip _____

Father's Name _____

Mother's Name _____

Home _____

Home _____

Work _____

Work _____

Cell _____

Cell _____

Email _____

Email _____

Student Cell _____

Student email _____

Emergency Contact _____ Phone _____

Note of Financial Responsibility

I assume full responsibility for payment of all fees to Dance Institute of The University of Akron in the amount of \$ _____. I understand that only in cases of extended illness or injury, and upon receipt of a letter from the student's doctor, will a Semester Fee credit be given.

Signature _____ (parent or guardian)

FOR PARENTS EMPLOYED AT THE UNIVERSITY OF AKRON:

DEPT. _____ MAIL ZIP _____ EXT. _____

Registration Fee: \$10.00 ck# _____ cash # _____ credit card _____ Date _____