



"Cotillion with a casual approach and a strong emphasis on fun, Austin-Style!"

REGISTRATION FORM – FALL CLASS 2017

Please submit as soon as possible -- Registrations accepted on first-come, first-served basis—so do not delay!

Child's Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ 2nd Phone _____ E-Mail _____

Boy _____ Girl _____ Age _____ Grade _____ School _____

Parent's Name _____

How did you learn about Cotillion Austin-Style? _____

Please describe any food allergies/concerns regarding your child. _____

For non-current SMSD students: Tuition is \$250. (A \$10 discount is taken whenever a boy & a girl register together, making the amount due \$240 each.)

- _____ My child's tuition is \$250.
- _____ My child's tuition is \$240. I am signing up with: _____ (name of boy or girl my child is signing up with). Include contact information _____
- _____ Attached is my check.
- _____ I want to pay by credit card. Attached is my completed credit card form.

For current SMSD students, siblings, children or grandchildren of adult students: Tuition is \$225. (A \$10 discount is taken whenever a boy & a girl register together, making the amount due \$215 each.)

- _____ My child's tuition is \$225.
- _____ My child's tuition is \$215. I am signing up with: _____ (name of boy or girl my child is signing up with). Include contact information _____
- Name of current SMSD student relative: _____
- _____ Attached is my check.
- _____ I want to pay by credit card. Attached is my completed credit card form.

Release of Liability -- In consideration of the benefits of instruction provided by the Shirley McPhail School of Dance for myself/my child, I, intending to be legally bound, do hereby enroll my child named above, in the program and do hereby waive claim and release finally Shirley McPhail School of Dance, Edwina Worley, its staff, instructors and other personnel for claim or liability for any injury or accident occurring or arising from the instructional program or incidental sponsored activities either on or off premises.

Emergency Care -- I do authorize emergency first aid care to said student by the School in the event I/he/she becomes injured or ill during instructional program or incidental sponsored activities either on or off premises. If the parents and/or guardians of the child are not immediately available at the telephone numbers provided in the agreement, I further authorize the School, Edwina Worley or such agents as she may authorize to retain the services of a doctor or other competent medical person in order to treat the said minor.

Occasionally SMSD uses class photos in marketing. **Unless you state otherwise on this form,** we assume we have your permission to use a photo of your child.

Date _____ Parent Signature _____

Questions: Contact Judy McPhail: judymcphail1@gmail.com



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