



Summer Registration Form

Student Information

Student Name _____

Returning Student Yes No Previous Class/Classes Taken _____

Age by June 1, 2017 _____ Date of Birth _____

Primary Address _____

Parent Information

Mother _____ Father _____

Cell # _____ Cell # _____

Alternate # _____ Alternate# _____

***Primary E-Mail Address for studio communications. DO NOT LEAVE BLANK**

Emergency Contact Other Than Mother or Father

Name _____

Phone _____ Alternate # _____

How did you hear about The Dance Academy?

Liability Release

I agree to release The Dance Academy and its employees from liability for any and all damages or injuries that may occur as a result of participation in class, rehearsals, performances or activities involving The Dance Academy.

Parent/Guardian Signature

Date

***Office will fill out this section:**

Payment 1 _____ Received _____ CK # _____ CASH _____

Payment 2 _____ Received _____ CK # _____ CASH _____

Studio 1

4:45-5:30 _____ Ballet/Jazz 3 year olds

5:30-6:30 _____ Ballet/Jazz 5 year olds

6:30-7:30 _____ Hip-Hop/Jazz Beginner

Studio 2

OPEN

5:30-6:30 _____ Ballet/Jazz 4 year olds

6:30-7:30 _____ Hip-Hop/Jazz Intermediate