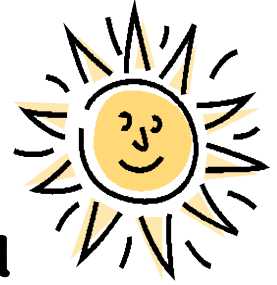




# Summer Enrollment Form



Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student's age & birth date: \_\_\_\_\_

Camp Attending: \_\_\_\_\_

Previous Training: \_\_\_\_\_

Please tell us where you heard about UFDA (check any that apply):

Flyer \_\_\_\_\_ Upper Falls Dance Academy \_\_\_\_\_ Other \_\_\_\_\_, please name  
\_\_\_\_\_

**Summer Tuition:** \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

**Waiver and Release: All Students/Parents:** I agree to participate in dance and exercise courses given by Upper Falls Dance Academy and certify that I am in good health and capable of participating in the academy's classes. I understand it is the express intent of the academy to provide for the safety and protection of the student, and with that understanding, I hereby release Upper Falls Dance Academy Inc., its director, agents, teachers and employees, from all liability for personal injury, illness or property damage occurring on the academy's premises. I have read the brochure, schedule, tuition options and policies of the academy and am fully familiar with their contents, and with this signature acknowledge the waiver of liability.



\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date (If student is a minor)**

**Please send enrollment to:**  
Upper Falls Dance Academy  
Attn: Melissa Daniel, Summer Dance Camps  
P.O. Box 226 Upper Falls, MD 21156

**You will be notified once minimum enrollment is met. Payment will be due at that time.  
Check and Cash ONLY**