



ACADEMY OF DANCE

Summer REGISTRATION FORM

<u>FOR OFFICE USE ONLY:</u>	
Amt Due: \$ _____	TOTAL PD.: \$ _____
DATE REGISTERED: _____	CHECK #: _____

STUDENT NAME: _____ AGE: _____ BIRTH DATE: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

HM PHONE: _____ EMERGENCY NAME & #: _____

FATHER'S NAME: _____ OFFICE/CELL PHONE: _____

MOTHER'S NAME: _____ OFFICE/CELL PHONE: _____

OTHER GUARDIAN: _____ PHONE: _____

E-MAIL OF CONTACT: _____ STUDENT EMAIL: _____

REGISTER FOR (PLEASE CHECK):

_____ **CAMP(S)** _____ JUNE 14-18 (CIRCUS) _____ JULY 12-16 (ROAD TRIP) _____ JUL 26-30 (OLYMPICS)

_____ **JUNE 3WK SESSION M/W CLASS(ES)** _____

_____ **24HR BALLET INTENSIVE**

_____ **WORKSHOP(S)** _____ JULY 12-14 (JAZZ) _____ JULY 19-21 (CHOREOGRAPHY)

_____ **AUGUST TRAINING CLASS(ES)** _____

FOOD ALLERGIES: _____

WHO REFERRED YOU? _____

IF NOT RECOMMENDED, HOW DID YOU FIND OUT ABOUT US? _____

I, the below undersigned, do hereby release PEMBO CIEUTAT ACADEMY OF DANCE, its owners, officers, faculty, and staff from any and all claims for damages or for injuries which may be sustained while participating in any class or event connected with PEMBO CIEUTAT ACADEMY OF DANCE. I understand that PEMBO CIEUTAT ACADEMY OF DANCE is in no way responsible for any injuries or damages sustained in or around the dance center.

Signature of Parent or Legal Guardian

Date

Sign and return with summer tuition.