**

Summer Registration Form

Adult Cardio Dance

Age 15 minimum

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any physical limitations or health problems?

**Primary E-Mail Address**

DO NOT LEAVE BLANK! Write clearly!

**Emergency Contact**

Name Phone

**How did you hear about The Dance Academy?**

**Please Initial:**

 I understand there are No Tuition Refunds.

**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.

Signature Date

**\***Parent signature required if under age of 18

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

Class Roster Email Distribution List

Payment Amount $\_\_\_\_\_\_\_\_\_\_

Payment Type: CK #\_\_\_\_\_\_\_\_\_\_ CASH Credit card