



# SUMMER PROGRAM REGISTRATION FORM

## JULY 10-27, 2023

Dancer Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: (circle) Male Female

Parent(s) Name: \_\_\_\_\_

- New families, please fill-out form completely.
- Returning families, if your info hasn't changed, write "SAME" over the contact section below.
- All families must have a parent initial the disclaimer & sign/date.

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell (Mom): \_\_\_\_\_ Cell (Dad): \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Relation to Dancer: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Dancer Medical Conditions / Allergies: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**My initials & signature below verify that I agree to the following:**

\_\_\_\_\_ I acknowledge & understand that when participating as a member of Dance Avenue Inc there is a possibility I may sustain physical illness or injury in connection with participation. I release Dance Avenue Inc from any claim for personal injury or illness that I may sustain while participating or performing with Dance Avenue Inc.

\_\_\_\_\_ **I understand that the Dance Avenue Summer Program is non-refundable & non-transferable; fees cannot & will not be transferred to the Fall Dance Avenue School Season, nor will they be refunded due to absences.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Office Use Only** - Employee Name: \_\_\_\_\_

Program Level: \_\_\_\_\_ # Weeks: \_\_\_\_\_

Payment Amount Owed: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Credit/Cash/Check #: \_\_\_\_\_ \*Refer to Tuition Guide page for cost info.