



TDA SUMMER REGISTRATION FORM

Dancer's Name: _____ Birthdate: _____ Grade: _____

Parent's Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Would you like to receive notes and newsletters by email? Yes No

Emergency Contact: _____ Relationship: _____ Phone: _____

SUMMER CLASSES/CAMPS

Class Name	Class Day	Class Time	Class/Camp Cost
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

TOTAL TUITION COST _____

MEDICAL INFORMATION

Do we have permission to seek medical attention in the even of an emergency? Yes No

Please sign: _____ Date: _____

Doctor: _____ Phone: _____ Hospital: _____

Please list any medical or physical impairments we may need to know about _____

I do not hold The Dance Avenue or Dedicated Inc. responsible for any injury that may occur while my child or myself are participating in or enrolled in classes at The Dance Avenue. I am registering my child/myself in classes at The Dance Avenue at my own discretion.

Please sign: _____ Date: _____