The Dance Loft, LLC Summer Registration Form 2023

Date of Registration			
	BASIC INFORMA	ATION	
Parent or Guardian Name			
Dancers Name			
Address			
City	_ Zip Co	'ode	
Guardian Cell	Email		
Child's Date of Birth		_	
EMER	RGENCY CONTACT/ME	EDICAL HISTORY	
In case of an emergency and parents Namel		ase list 1 contactRelationship	
Does your dancer have any medical con	ditions or previous injuries	s? Yes No	
If yes, please specifyTHE DAN	CE LOFT IS NOT LIABL	E FOR ANY INJURIES	
Please list the classes. camps or works	ENROLLMEN shop you would like to be		
Name	Date	Fee	
<u>TI</u>	HE DANCE LOFT PAYM	MENT POLICY	
credit cards excluding American Expres	ss. Checks that do not clear	egistration. We accept cash, check, and all more or if any credit cards are declined the accountless TDL cancels the camps or classes.	
Name on Card	Card #		
Exp. Date/ 3 Digit S	ecurity Code		
Billing Address: StreetPlease sign below, acknowledging tha understanding that The Dance Loft, I stolen property. By signing below, you THE DANCE LOFT PAYMENT PO	t all information provided LLC is not responsible for u acknowledge that you ha	d above is correct, and you are in full r any injuries, illness, COVID-19 or lost a ave carefully read and are agreeing to	<u>nd</u>
Signature	ZZ I und udthorizing pa	Date	