The Dance Loft, LLC Summer Registration Form 2022

Date of Registration			
	BASIC INFORMAT	<u>ION</u>	
Parent or Guardian Name			
Dancers Name			
Address			
City	Zip Coo	le	
Guardian Cell	Email		
Child's Date of Birth			
EME	ERGENCY CONTACT/MED	ICAL HISTORY	
In case of an emergency and parer Name			
Does your dancer have any medical c	onditions or previous injuries?	Yes No	
If yes, please specifyTHE DA	NCE LOFT IS NOT LIABLE	FOR ANY INJURIES	
Please list the classes or camps or w	ENROLLMENT orkshop you would like to be		
Name	Date	Fee	
<u>, </u>	THE DANCE LOFT PAYME	ENT POLICY	
All camps and summer classes must be credit cards excluding American Expose assessed a \$25 fee. The Dance Lof	ress. Checks that do not clear or	r if any credit cards are declined th	ne account will
Name on Card	Card #		
Exp. Date/ 3 Digit	Security Code		
Billing Address: Street			
understanding that The Dance Loft stolen property. By signing below, y THE DANCE LOFT PAYMENT P	ou acknowledge that you have	e carefully read and are agreeing	
Signature		Date	