

The Dance Loft, LLC
Summer Registration Form 2020

Date of Registration _____

BASIC INFORMATION

Parent or Guardian Name _____

Dancers Name _____

Address _____

City _____ Zip Code _____

Guardian Cell _____ Email _____

Child's Date of Birth _____

EMERGENCY CONTACT/MEDICAL HISTORY

In case of an emergency and parents cannot be reached, please list 1 contact

Name _____ Phone _____ Relationship _____

Does your dancer have any medical conditions or previous injuries? Yes ___ No ___

If yes, please specify _____

THE DANCE LOFT IS NOT LIABLE FOR ANY INJURIES

ENROLLMENT

Please list the classes or camps you would like to be enrolled in:

Name _____ Date _____ Fee _____

Name _____ Date _____ Fee _____

Name _____ Date _____ Fee _____

Name _____ Date _____ Fee _____

THE DANCE LOFT PAYMENT POLICY

All camps and summer classes must be paid in full at the time of registration. We accept cash, check, and all major credit cards excluding American Express. Checks that do not clear or if any credit cards are declined the account will be assessed a \$25 fee. The Dance Loft does not issue any refunds unless TDL cancels the camps or classes.

Name on Card _____ Card # _____

Exp. Date ____/____ 3 Digit Security Code _____

Billing Address: Street _____ City _____ St _____ Zip _____

Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that The Dance Loft, LLC is not responsible for any injuries, illness or lost and stolen property. By signing below, you acknowledge that you have carefully read and are agreeing to THE DANCE LOFT PAYMENT POLICY and authorizing payments to The Dance Loft, LLC.

Signature _____ Date _____