REVOLUTIONS DANCE ACADEMY REGISTRATION FORM - 2018 SUMMER CAMPS

Princess Camp \$50 ~ Junior Camp \$75 ~ Unlimited Camp \$125

Mail, email or drop off in mail slot with payment to: RDA 3301 EAST ROYALTON ROAD BROADVIEW HTS, 4

STUDENT INFORMATION please print clearly							
Student's Name (Last, First, Middle Initial):	Age	Birth Date	1 1	School			
If student is a returning RDA dancer and the contact info has stayed the same please circle YES, INFO THE SAME							
Parent's Name (Last, First, Middle Initial):	Parent/Guardian Home Phone No. Parer			Parent Cel	Cell Phone No.		
Circle Workshop Program	How did	How did you hear about RDA?			Emergency Phone No. and contact		
PRINCESS JUNIOR UNLIMITED							
ages 3-5 ages 6-9 Team or 9 and up							
Address	City			State	Zip		
Email address:							
Does the student have any medical problems or allergie	es that we	should be n	I otified of?		Yes	No 🗀	
If yes, explain.							
Please list the name of you friend you will be bring to camp free of charge. Student must be a new family to RDA. Age of friend							
PAYMENT INFORMATION							
Please circle payment form and enclose with registration if needed:							
CASH CHECK #	CREDIT	CREDIT CARD CHARGE				NT ON FILE	
As a legal guardian of, I have read and understand the policies and regulations of Revolutions Dance Academy, LLC. I will not hold the school or personnel responsible for accidents or injuries resulting from class activities or student negligence. In addition, I acknowledge it is the intent of Revolutions Dance Academy, LLC and its personnel to provide a safe dance environment for its enrolled students. I, the undersigned, have fully read and understand the above.							
Parent or Legal Guardian Signature		-	Date		=		
PERMISSION TO TREAT							
I hereby give my permission to trained medical professi child should sickness or accident occur in my absence.	onals to a	dminister en	nergency medic	al treatment	to my		
Parent or Legal Guardian Signature		-	Date		-		