

Dance Dynamics
Enrollment Form Summer 2018
 (mail or bring in to studio with tuition)

1. Student's Name: _____

Age: _____ Birthdate: _____

Class Enrollment

DAY	TIME	CLASS TITLE
1.		
2.		
3.		
4.		
5.		

2. Student's Name: _____

Age: _____ Birthdate: _____

Class Enrollment

DAY	TIME	CLASS TITLE
1.		
2.		
3.		
4.		
5.		

3. Student's Name: _____

Age: _____ Birthdate: _____

Class Enrollment

DAY	TIME	CLASS TITLE
1.		
2.		
3.		
4.		
5.		

Parent Release:

I hereby authorize Dance Dynamics owner, instructors, and teaching assistants to seek emergency medical treatment for the participant(s) in the event parent or guardians cannot be reached. I waive all claims of injury, damage, or loss to my child of myself during Dance Dynamics sponsored events. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action. I understand any photos or videos taken may be used in Dance Dynamics promotional material. I have read and agree to abide by all the Studio Policies.

Signature: _____

Date: _____

WORKSHOP/CAMP ENROLLMENT	
Name of Student	Camp/Workshop
1.	
2.	
3.	
4.	

MASTER CLASS ENROLLMENT	
Name of Student	Master Class
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Parents' Names: _____

Mailing Address: _____

City

Zip

Home Phone: (____) _____

Cell 1: (____) _____

Cell 2: (____) _____

E-Mail 1: _____

E-Mail 2: _____

Please list at least 1 email address for communication of weather closings, upcoming activities, etc.

Tuition Due for Entire Family

How Did You Hear About Us?

\$
