

Norwalk Academy of Dance

Summer Intensive Registration

Student Name: _____

Age: _____ Birthdate: _____ School: _____

Grade (Sept 1): _____

Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip/Postal: _____

E-Mail: _____

Hm. Phone: _____ Wk. Phone: _____ Cell: _____

Emergency
Contact(s): _____ Phone: _____

Medical Info (if any): _____
(If Medical condition listed, also please attach doctor's consent letter.)

Which Intensive Program Will You Be Joining Us For?

- ☐ **Session 1 July 17-21**
- ☐ **Session 2 August 7-11**
- ☐ **Day** _____
- ☐ **Class** _____

Please indicate (years) dance experience

Ballet _____
Jazz _____
Tap _____
Lyrical _____
Hip Hop _____

How did you hear about us? _____

Checks can be made payable
To Norwalk Academy of Dance
Cash / MC/Visa Also Accepted

Total Tuition: _____

Paid: _____

My signature acknowledges that I understand that Norwalk Academy of Dance is not responsible for personal injury or lost property and release claims of liability for my child(ren) while they study dance on the premises or under the supervision of Norwalk Academy of Dance. I understand that payment is due in full on the first day of class, and that the registration and tuition is non-refundable after the first day of summer classes. I also give permission to Norwalk Academy of Dance to use photos of my child in advertising, website promotion, or brochure materials.

Parent Signature: _____

Date: _____