# *Norwalk Academy of Dance*

## Dynamics Registration

**Student Name:**_____

Age**:**_____ Birthdate: _____ 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 August 19-23**
□ **Day**

**Please indicate (years) dance experience**

_____

**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:**_____

*250 Westport Ave Norwalk, CT 06851 (203) 857-4445*