

Summer Camp: _____

Student's Last Name: _____

First Name: _____

Cindy's Dance Studio

Summer Registration for 2018

Student's name: _____ Age: _____ DOB: _____

Address: _____ School/Day Care: _____ Grade: _____

_____ Prior Dance Training: Yes / No Years: _____

Student's Cell: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Work: _____ Home Phone: _____ Work: _____

Cell: _____ Cell: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Any required prescription drugs/medications: _____

Any known allergies, past or present injuries or health problems that may affect student's ability: _____

Emergency Medical Attention:

I give permission to Cindy's Dance Studio/Cindy Acosta to authorize any medical attention needed to my child/student in the event of an emergency, whether on or off the studio premises.

(Parent/Guardian signature): _____ Date: _____

How did you hear about Cindy's Dance Studio? _____

Summer Camp: (circle one)

Intermediate Intensive

M-F July 16th-20th
M,W,F 8:30am-4pm
T,Th 8am-4pm

\$165 _____

Advanced Intensive

M-F July 16th-20th
M,W,F 8:30am-4pm
T,Th 8am-4pm

\$165 _____

Adv Optional +

TRX workout @ Elite
M,W,F 7am-8am
3 classes this week +
(actual Student Month Membership)

\$26 _____

Liability Waiver: Cindy's Dance Studio/Cindy Acosta provides classes and training at the exclusive risk of the participants. It is strongly recommended that students are covered by their own family insurance policy. Cindy's Dance Studio/Cindy Acosta is not responsible for any damage or loss to personal property or any accident or injury suffered whether on or off the studio premises or during any associated event or activity. Cindy's Dance Studio/Cindy Acosta is not responsible to supply medical attention in the event of an emergency. Your signature indicates full acceptance and understanding of this liability waiver and all studio policies including but not limited to...

All Summer Camp Tuition is NON-REFUNDABLE.

Photo release authorization/No video recording

Parent/Guardian Signature: _____ **Date:** _____