

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

# Cindy's Dance Studio

## Summer Registration for 2026

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:

**Tiny's Technique Week**  
 July 7<sup>th</sup>-9<sup>th</sup>  
 Tues-Thurs 9am-5pm  
 \$150 \_\_\_\_\_

**Intermediate/Advanced Intensive**  
 July 13<sup>th</sup>-16<sup>th</sup>  
 Mon-Thurs 9am-5pm  
 \$225 \_\_\_\_\_  
 (1/2 Day 9-1pm \$125 \_\_\_\_\_)

Check box to use  
 card on file +\$3  
 (on July 1<sup>st</sup>)

**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.*

*You are in agreement to respect the privacy of others and agree CDS is not Responsible for any photos/video taken/used/shared including but not limited to any/all social media.*

*Photo/Video release authorization/permission for CDS*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_