



# New Dimensions Dance Academy

Registration Form

## SUMMER DANCE CAMP 2022

2462 West State Road 426 - Suite 1040, Oviedo, FL 32765

### Dancer Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ PLEASE PRINT CLEARLY!

• How did you hear about us? \_\_\_\_\_

### Programs Offered: Princess Dance Camp: Ages 3-6

\_\_\_\_\_ July 11 - 15, 2022

\$75.00

10:00 AM - 2:00 PM

### Family Information

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Waiver & Release

I agree to participate at the New Dimensions Dance Academy, Inc., under the following conditions:

1. I recognize the risk of injury common to any dance studio and that my child is participating in this program upon express agreement and understanding that I am hereby waiving and releasing New Dimensions Dance Academy, Inc., against any and all claims, actions, causes of action, damages, cost, liabilities, expenses or judgments, including attorneys fees and court cost, arising out of my child's participation in the program.
2. I hereby execute this Waiver & Release form to induce New Dimensions Dance Academy, Inc. to permit my child to participate in their program

My child has medical and/or health concerns the studio needs to be aware of: \_\_\_\_\_

I have executed the Waiver & Release this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signed \_\_\_\_\_

Print Name (Parent or Guardian of above child): \_\_\_\_\_

For Office Use Only: \_\_\_\_\_ Amt Pd \_\_\_\_\_ Date Pd \_\_\_\_\_ Initials