



New Dimensions Dance Academy
Registration Form
PRINCESS/PRINCE DANCE CAMP 2025

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: _____

• How did you hear about us? _____

Programs Offered: Princess Dance Camp: Ages 3-8

_____ July 14 - 18, 2025

\$100.00

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