



**New Dimensions Dance Academy**  
 Summer Intensive Registration Form  
**MINI LEVEL**

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

**Dancer Information PLEASE PRINT CLEARLY!**

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

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

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

**Parent Information PLEASE PRINT CLEARLY!**

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

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

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

Email address: \_\_\_\_\_ **PLEASE PRINT CLEARLY**

**Training** Current/Previous School: \_\_\_\_\_

• Would you like to be considered for the NDDC Competition Team (Select One) \_\_\_\_\_ YES \_\_\_\_\_ NO

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

**Mini Level Program (Ages 6-9\*)**

**Tuition** - \$200.00\*\*

**Dates** - July 11 - 15, 2022

**Hours** - 10:00 am - 2:00 pm

\*Participation in this level is not always based on age, please contact School Administrator with any questions.

\*\*See website for payment options

<b>Mini Single Day Program</b>				
\$60.00 per day				
___ July 11	___ July 12	___ July 13	___ July 14	___ July 15

**Registration Fee: \$25.00 per student**

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



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**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
3. I understand it is the staff member's discretion to remove a student and contact their parents to send them home if they feel that they are not well or have shown signs of a fever.

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): \_\_\_\_\_

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