New Dimensions Dance Academy
Summer Intensive Registration Form
MINI INTENSIVE

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: _____

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? _____

Beginner Level Program (Ages 6-11*)

Tuition - *$150.00** (Secure your spot with payment)*

Dates - June 15, June 17, June 19

Hours - 1:00 pm - 3:00 pm

**Participation in this level is not always based on age, please contact School Administrator with any questions.*
***See website for payment options*

Beginner Single Day Program				
$60.00 per day				
___June 15		___June 17		___June 19

Registration Fee: $25.00 per student

(Free Registration if full payment is made by May 18, 2026)

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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