



**New Dimensions Dance Academy**  
Registration Form  
**PRINCESS/PRINCE DANCE CAMP 2024**

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 3-6**

\_\_\_\_\_ July 8 - 12, 2024

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