



Summer

INTENSIVE

New Dimensions Dance Academy
Summer Intensive Registration Form
SENIOR & JUNIOR LEVELS

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? _____

Senior Level Program (Ages 13 & up*)

Tuition - \$325.00**

Dates - June 20 - 24, 2022

Hours - 10:00 am - 3:00 pm

Junior Level Program (Ages 9-12*)

Tuition - \$325.00**

Dates - June 20 - 24, 2022

Hours - 10:00 am - 3:00 pm

*Participation in a level is based on previous training (not necessarily age) and approved by NDDA staff

**See website for payment options

Senior Single Day Program					Junior Single Day Program				
\$80.00 per day					\$60.00 per day				
___ June 20	___ June 21	___ June 22	___ June 23	___ June 24	___ June 20	___ June 21	___ June 22	___ June 23	___ June 24

Registration Fee: \$25.00 per student

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): _____