



Summer Registration Form

Date_____

Student's Legal Name_____ Age_____ Birth Date_____

Address_____ City_____ Zip Code_____

Home Phone #_____ Parent Cell Phone #'s_____

Parent Names_____ Work Phone #_____

Email Address (will not be released outside of DDA)_____

Grade in School_____ School Name_____

Allergies?-_____ Emergency Contact-_____

Dancers Health Insurance Name and Phone #_____

Policy #_____ Group #_____

Previous Dance/ Acting/ Cheer Training- # of years_____ Studio Name_____

How did you hear about us? Please place a check on the line that applies

-Returning student_____

-Flyer_____

-Friend_____ Name_____

-Internet_____

-Drive By_____

-Other_____

Classes/Camps chosen for this school year:

Camps_____ Camp Fees \$_____

Classes_____

_____ Class Fees \$_____

Registration fee (due once a year) \$_____

All Summer fees paid are nonrefundable. Parent/Guardian Initial(s)_____

Total Amount Due \$_____

Cash, Check, or Credit Card

I hereby acknowledge in consideration of my child's participation in the Dawson Dance and Theatre Academy's program that Jennifer Dawson-Waz, the DDA studio and its instructor's will not be held liable for ANY injuries sustained on the studio's premise. Furthermore, I hereby waive and release any claims for damages including injury to my child, myself or family members resulting from any act or failure to act by DDA and its representatives.

Legal Guardian or Student Signature (Over 18 years old) _____

Date_____