



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/ Acro 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 _____

Day Camps/ Evening Intensives/ Weekend Clinics chosen for this summer:

Camps: _____
Camp Fees \$ _____

Intensives: _____
Intensive Fees \$ _____

Clinics: _____
Clinic Fees \$ _____

Registration fee (due once a year) \$ _____

Total Amount Due \$ _____ Cash, Check, or Credit Card

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

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) _____