

Dance Dimensions

LEVEL 3 & 4 Summer Class Registration Form

Payment in full (non-refundable) due with registration form. One form per dancer please.

Dancer Name:		_
Date of Birth:	Age:	_
Parents Name:		_
Mailing address	8	
Email address:		
Cell Phone #:		_
	s /injuries <u>:</u>	_
	Please check which Session(s) & Class(es) you're	- e registering for.
	BalletLyric /Jazz/HH	Тар
	Session 2 July 15-18 BalletLyric /Jazz/HH	Тар

Session 3 August 19-22

____Ballet ____ Lyric /Jazz/HH ____Tap

RELEASE OF LIABILITY AND PLEDGE

I, ______the parent or guardian of

a student of Dance Dimensions June- August 2024

• do hereby release from all liability Dance Dimensions and its staff for all illness/injuries sustained during dance or dance-related study on the physical premises of Dance Dimensions, Brookfield, CT or virtually.

• I understand there will be a \$35.00 charge for returned checks.

• I also give permission for the above student to be photographed for publicity or advertising use. I understand tuition is non-refundable.

Parent/Guardian Signature

Date