



Dance Dimensions

LEVEL 5 6 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: _____

Email address: _____

Cell Phone #: _____

Known allergies /injuries: _____



Please check which **Session(s) & Class(es)** you're registering for.

- ❖ **Session 1 June 17-20** ___ Ballet ___ Dance Works ___ Tap
- ❖ **Session 2 July 15-18** ___ Ballet ___ Dance Works ___ Tap
- ❖ **Session 3 August 19-22** ___ Ballet ___ Dance Works ___ 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