

Dance Dimensions
LEVEL 5 & 6 Summer Class Registration Form
Half payment (non-refundable) due with registration form.
One form per dancer please.

Dancer Name: _____

Date of Birth: _____ Age: _____

Parents Name: _____

Mailing address: _____

Cell Phone #: _____

Known allergies /injuries: _____

Please check which **CLASS(ES)** you're registering for.
Level 5 & 6 classes

❖ **Session 1 June 19-22**

___ Dance Works ___ Ballet/Pointe ___ Tap

❖ **Session 2 July 17-20**

___ Dance Works ___ Ballet/Pointe ___ Tap

❖ **Session 3 August 21-24**

___ Dance Works ___ Ballet/Pointe ___ Tap

RELEASE OF LIABILITY AND PLEDGE

I, _____ the parent or guardian of
_____ a student of Dance Dimensions June- August 2023

- do hereby release from all liability Dance Dimensions and its staff for all illness/injuries sustained during the course of 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