



# Dance Dimensions

## Summer PRIVATE LESSON Registration Form

Payment in full (non-refundable) is 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)** you're registering for:

❖ **Session 1 June 17-20** \_\_\_\_\_

❖ **Session 2 July 15-18** \_\_\_\_\_

❖ **Session 3 August 19-22** \_\_\_\_\_

### 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date