

studio K dance

2009 Summer Registration Form

PLEASE PRINT CLEARLY

Student's Name:		
Age:	Date of Birth:	
School:	09/10 Grade:	
Address:	Zip Code:	
Home Phone:	E-mail:	
Mother's Name:	Cell:	Work:
Father's Name:	Cell:	Work:
Physician's Information:		
Allergies/Medical Conditions:		

Previous Dance Experience: _____

How did you hear about Studio K Dance?

- Word of Mouth
 Stanton
 LaVilla
 Theatre Jax
 Watson Martial Arts
 Internet Search
 Yellow Pages
 Competition
 Friend: _____
 Other: _____

Letter of Consent:

I, _____, acknowledge that dance is a physical activity and that participating in a dance class presents certain risks. Participation in Studio K Dance, Inc. indicates the acceptance of such risks. I relinquish Studio K Dance, Inc., it's employees, and volunteers from any and all liability due to injuries that may be sustained at this facility or any performance venue.

I HAVE ALSO READ AND AGREE TO THE PRICES, POLICIES & PROCEDURES OUTLINED BY STUDIO K DANCE, INC.

Signed: _____ Date: _____

CHECK ALL THAT APPLY:

PRETTY PRINCESS CAMP – SESSION 1: JULY 13 TH TO JULY 17 TH			EXTENDED CARE – SESSION 1
PRETTY PRINCESS CAMP – SESSION 2: AUGUST 3 RD TO AUGUST 7 TH			EXTENDED CARE – SESSION 2
HIP HOP DIVA CAMP – JULY 27 TH TO JULY 31 ST			LUNCH – HIP HOP CAMP
MUSICAL THEATRE CAMP – JULY 20 TH TO JULY 24 TH			LUNCH – M. THEATRE CAMP
FULL TWO WEEK INTENSIVE – JUNE 22 ND TO JULY 3 RD			LUNCH – INTENSIVE
PARTIAL INTENSIVE (PLEASE SPECIFY DATES IN ATTENDANCE)			

EVENING CLASSES:

Day _____ Time _____ Class _____	Day _____ Time _____ Class _____
Day _____ Time _____ Class _____	Day _____ Time _____ Class _____
Day _____ Time _____ Class _____	Day _____ Time _____ Class _____
Day _____ Time _____ Class _____	Day _____ Time _____ Class _____

FOR OFFICE USE ONLY*****

\$ _____ Camp Deposit (Refundable)	\$ _____ Tuition Amount
\$ _____ Lunch Fees	Paid: Y N Cash Check # _____
\$ _____ Extended Care Payment	Entered into Computer Y N Student # _____