

Summer 2012 Dance Registration

Student's Name _____

DOB _____ Age _____ Allergies/Special Needs _____

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Select programs, sessions and dates. Enter total due for all programs below and complete payment information. Please do not forget to sign the registration form!

ENCHANTED BALLET (\$229 1st wk / \$199 each additional week)

___ June 25-29th ___ July 9-13th ___ July 23-27th

___ July 30 - August 3rd ___ August 13-17th

DANCE ADVENTURE (\$229 1st wk / \$199 each additional week)

___ July 9-13th ___ July 16-20th ___ July 30 - August 3rd

SUMMER SATURDAYS (8 weeks - \$149) • June 30 - August 18th

___ Ballet (3&4) ___ Ballet (5&6) ___ Jazz/Tap (6-8) ___ Ballet (7&8)

DVS HIP HOP CREW (\$279 per week)

___ July 23-27th ___ August 13-17th

Total Due _\$ _____ Check MC VS Amex

Card No. _____

Exp. Date _____ Sec. Code _____

I grant permission to the staff of the D'Valda & Sirico Dance and Music Centre to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the studio. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, and/or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred. As the parent/legal guardian of _____, I agree to hold harmless from any and all liability the D'Valda & Sirico Dance and Music Centre, its officers and employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the D'Valda & Sirico Dance and Music Centre. I understand that it is the D'Valda & Sirico Dance and Music Centre's policy that while under the supervision of the Dance and Music Centre no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/legal guardians give their permission to the D'Valda & Sirico Dance and Music Centre to use photos and/or video of their child in connection with Dance and Music Centre publications, advertising, TV, and news coverage. All deposits and payments are nonrefundable.

Signature _____ Date _____

Office Use _____ *Received* _____ *Receipt No.* _____