SUMMER SESSION

STUDENT NAME:_____AGE/DOB_____

Address:_____

Parent's Name:_____

Home Phone:_____Work Phone:_____Cell Phone:_____

E-Mail Address: Parent_____

Student_____

2011 SUMMER SESSION CLASS CHOICES

Please Select: ☐ Session ONE June 27-July 1 ☐ Session TWO July 11-15

Please Select:

☐ Princess Dance ☐ 5-6 Jazz/Hip-hop

☐ Teen Hip-hop ☐ Beg. Jazz

☐ Beg. Tap ☐ Int./Adv. Jazz

Int./Adv. Tap Adv. Leaps-Turns-Progressions

I confirm that the above student is in good health and has no restrictions as to activities. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, against ACADEMY OF DANCE AND PERFORMING ARTS, the staff or their officials, or any volunteer connected with the program, unless injury is caused by the sole negligence of the parties named above. I give ACADEMY OF DANCE AND PERFORMING ARTS staff permission to call the Doctor on call in case of an emergency. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

Date:_____Signature:_____

Parent, legal Guardian or Adult Stuent