

Debbie Felton's Academy of Dance, LLC
STUDENT RECORD/REGISTRATION
Summer Dance 2017

Student Name(s): _____ Age: _____ D.O.B.: _____

Address: _____ Main Phone : _____

City: _____ Zip _____

Email Address: _____

Mother's Name: _____ Cell Phone Mom: _____

Father's Name: _____ Cell Phone Dad: _____

Emergency Contact: _____ Phone# _____

Class/ Intensive/Camp:

_____	Day _____	Time _____	Cost: _____
_____	Day _____	Time _____	Cost: _____
_____	Day _____	Time _____	Cost: _____
_____	Day _____	Time _____	Cost: _____
_____	Day _____	Time _____	Cost: _____
_____	Day _____	Time _____	Cost: _____

I, the undersigned, have discussed with my physician and the Academy, any physical and/or emotional illnesses or injuries my child has. I agree to be solely responsible for any and all costs, damages, and expenses incurred by me and/or my child as a result of any injury sustained at the Academy or from participation in any classes taken at Debbie Felton's Academy of Dance, LLC. I further agree not to hold Debbie Felton's Academy of Dance, LLC., its staff and/or instructors responsible in any way for such injury. I agree not to hold Debbie Felton's Academy of Dance, LLC. or its staff responsible for my child or myself while he/she is not in class.

I understand that there are no refunds or rebates. T shirts for students registered by **June 4, 2016** only.

Classes with less than 8 students registered may be cancelled/class times subject to change

Signature: _____ Date: _____
 (parent/guardian if under 18)

 OFFICE USE ONLY PLEASE

Session Total: _____ **T-Shirt Size:** _____

Paid/Date	Amount	Cash	Check/Receipt#
_____	_____	_____	_____