

# Debbie Felton's Academy of Dance, LLC

## STUDENT RECORD/REGISTRATION

Summer Dance \_\_\_\_\_ (year)

Student Name(s): \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 \_\_\_\_\_ 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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/guardian if under 18)

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OFFICE USE ONLY PLEASE

**Session Total:** \_\_\_\_\_

Paid/Date	Amount	Cash	Check/Receipt#