



# Summer 2017 Dance Registration Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Number of Years of Dance Experience: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Best Email Address for Billing info: \_\_\_\_\_

Which Summer Program is your dancer participating in? Please circle as many that apply below

| 6 Week Dance Workshop | Tiny Dancers Dance Camp | 5 Week Acro Workshop | 3 Week Summer Dance Camp |

\_\_\_\_\_

I acknowledge that Shine On Performing Arts, including teachers and staff, are not, and will not be liable for any injury resulting from participation in class or in any studio related activity. I also recognize that damage to, or loss of, personal property is not the responsibility of SOPA. I give permission to SOPA to use photos, or videos for advertisement purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_