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**Summer Camp + Intensive Student Registration Form**

**Student Information**

Student's Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_  
 Name of Person responsible for paying fees: \_\_\_\_\_  
 Billing Email Address: \_\_\_\_\_  
 Billing Phone # \_\_\_\_\_

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand the Studio Policies      \_\_\_ I/we understand my billing obligations  
 \_\_\_ I/we understand the risks related to dance      \_\_\_ I/we understand the schedule  
 \_\_\_ I/we understand the dress code      \_\_\_ I/we understand my responsibilities for my property  
 \_\_\_ I/we give media use rights permission      \_\_\_ I/we understand the attendance policy

\_\_\_\_\_  
 Signature / Responsible Party      Date

**Camps + Intensives:**

Camp/Intensive Name	Meeting Date(s)	Fee

**Total Dues:** \_\_\_\_\_

**Medical**

Allergies: \_\_\_\_\_

Will your child require any special medical attention during a normal class:  
 (yes/no) \_\_\_\_\_

If yes - Explain: \_\_\_\_\_

**Please list approved adults to drive child or explain any custody issues:**

[ ] - Recorded [ ] Paid in full [ ] On hold Processed by: \_\_\_\_\_ Special Notes: \_\_\_\_\_