

DANCATION
STUDIO OF DANCE & THEATRE
3101 RT. 9 TICETOWN PLAZA
OLD BRIDGE, NJ 08857
732-679-7676

Kristin Swing
Director

SUMMER REGISTRATION FORM

Student's Name: _____ **DOB:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail Address (Mandatory): _____

Name & Number To Contact In Emergency: _____

Doctor's Name: _____ **Phone:** _____

Any Allergies Or Special Medical Conditions: _____

How Did You Hear About Dancation? _____

A \$20.00 registration fee and a \$75.00 summer class payment are due at the time of registration. I understand there are no refunds regardless of student's attendance.

I do not hold the DANCATION STUDIO liable for any injuries sustained by my child at said studio. I assume all responsibility for any damages my child may cause on the DANCATION STUDIO premises. The above statements also apply if I am a student at the DANCATION STUDIO.

Furthermore, I hereby give my permission to DANCATION STUDIO to use photographs and videos of the dancer(s) listed above as deemed appropriate for the promotion of DANCATION STUDIO.

Print Name
(Parent/Guardian)

Signature
(Parent/Guardian)

Date