Summer Class Registration

June 27-August 8, 2011

Dancer'sName_____ **Age** _____

Address: _____**City, Zip**_____ **Phone #:** _____

Parent's Name: _____**Cell Phone** _____

Emergency Contact: Name & Phone _____

Medical conditions? _____

Class Registration:

Name of Class	**Day/Time/Studio**	**No. of punches**	
_____	_____	_____	**x $14 =** _____
_____	_____	_____	**x $14=** _____
_____	_____	_____	**x $14=** _____
_____	_____	_____	**x $14=** _____
_____	_____	_____	**x $14=** _____

Total Paid (add right hand column) **$** _____

Make checks payable to:
Dance Arts Studio
555 Burbank St. Unit N
Broomfield CO 80020

Phone: (303) 466-3212
Email: dasbroomfield@msn.com
Return registration form by **June 20, 2011**

Complete and return:

I, _____, parent/guardian of _____, understand that dance, by its nature, is a strenuous physical activity and carries with it the risk of injury. I understand that it is advisable to check with a physician before participating in dance or any strenuous activity. With those understandings, I release Broomfield Dance, Inc. (d/b/a Dance Arts Studio), any and all dance teachers teaching at Dance Arts Studio, and/or any student helpers under their direction from any and all liability should my dancer be injured in any way while attending Dance Arts Studio and its related activities.

_____ _____ _____

Dancers Name Date Parent or guardian signature

PERMISSION FOR MEDICAL TREATMENT

In the event that an injury occurs and I cannot be reached, I consent to emergency medical treatment of my dancer

Parent or guardian signature_____Date_____