



**STOWE DANCE ACADEMY**

177 South Main Street, Stowe, V T 05672 802.253.5151 www.stowedance.com

## Summer 2011 Dance Program Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Emergency Contact- Name, Home Phone & Cell Phone: \_\_\_\_\_

Person responsible for payments: \_\_\_\_\_

Please list any medical conditions your child has, that you feel his/her teacher should be aware of:

I hereby give permission to Stowe Dance Academy to photograph and/or video tape my child during classes, rehearsals and/or performances for school promotional use:

Signature: \_\_\_\_\_

**I would like to register for the following Camps / Intensives:**

Description: Please write in the name of camp or intensive

1. \_\_\_\_\_ date/time: \_\_\_\_\_

2. \_\_\_\_\_ date/time \_\_\_\_\_

3. \_\_\_\_\_ date/time \_\_\_\_\_

4. \_\_\_\_\_ date/time \_\_\_\_\_

5. \_\_\_\_\_ date/time \_\_\_\_\_

**Please note a \$25.00 non-refundable deposit per camp is required with enrollment**

MC/VISA (circle one) Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I am enclosing a check along with this registration in the amount of \$ \_\_\_\_\_

I am aware that ballet and other forms of dance may cause physical stress and injury to the body and on behalf of myself and my child I assume the risk and agree not to hold Stowe Dance Academy liable in any way. I have read and understand the terms and conditions of Stowe Dance Academy's policies and payment plan and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail registration with payment to : Stowe Dance Academy 177 South Main Street, Stowe, V T 05672**