



STOWE DANCE ACADEMY

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

Summer 2010 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