Dee Dots Dance Academy

Fall Registration 2015-16

856-467-8998

Email: deedotsdance.@comcast.net

Registration Fee $25.00  / additional family children $ 20.00

Type into formfields/ print out page.

**Student Name(s**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **State:** \_\_\_\_\_   **Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone No 1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:**     \_\_\_\_/ \_\_\_\_\_/\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies/Medical:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle day:    Mon.          Tues.                      Wed.                   Thur.**

**Creation Academy Student:      Yes                  No**

**Class Choice  1 :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:**  \_\_\_\_\_\_\_\_\_  
  
**Class Choice 2:**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time :** \_\_\_\_\_\_\_\_\_

**Class Choice 3:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time :**\_\_\_\_\_\_\_\_\_  
  
 **Please Check Box if interested if father & Daughter Dance**  
  (Third Choice 1/2 off  the third class per student  )    
              
 Return to:                           **Dee Dots Dance Academy**

**360 Garwin Rd. ,  
                                              Woolwich, N. J. 08085**

                              

Dee Dots Dance Academy

Fall Registration 2014-15

856-467-8998

**Please read, sign and return with registration**

                                           Hold Harmless Agreement/Release Waiver

                                                         ( Required  by Insurance Co.)  
The undersigned parent/student indemnifies and agrees to holds harmless Dee Dots Dance Acedemy (DDCA), its Board of Directors, officers, instructors, agents, and assigns from any and all liability whatsoever, for any damage or injuries, and from any and all claims and demands, including attorney fees, arising out of the party’s participation in dance lessons, classes, workshops, performances,karate, fundraisers and other related activities provided by and/or at the facility of  DDCA.  
The undersigned parent/student understands that students may occasionally appear in promotional performance videos, photos, brochures, and other materials as a result of his/her association with DDCA. By registering a child/student for class, such use of the child/student’s name and likeness are agreed to and acknowledged and, accordingly, all right, title and interest in same are waived.  
I have read and agree to the above terms and conditions of this agreement

dated          \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Parent’s signature if student is under 18)