DANCE AVENUE

SUMMER PROGRAM REGISTRATION FORM
JULY 13-30, 2026

Dancer Name: _____ Age: _____

Birthday: _____ Gender: (circle) Male Female NB

Parent(s) Name: _____

- New families, please fill-out form completely.
- Returning families, if your info hasn't changed, write "SAME" over the contact section below.
- All families must have a parent initial the disclaimer & sign/date.

Address: _____ City/State/Zip: _____

Cell (Mom): _____ Cell (Dad): _____

Email: _____ Emergency Contact: _____

Emergency Relation to Dancer: _____ Emergency Phone: _____

Dancer Medical Conditions / Allergies: _____

How did you hear about us? _____

My initials & signature below verify that I agree to the following:

_____ I acknowledge & understand that when participating as a member of Dance Avenue Inc there is a possibility I may sustain physical illness or injury in connection with participation. I release Dance Avenue Inc from any claim for personal injury or illness that I may sustain while participating or performing with Dance Avenue Inc.

_____ **I understand that the Dance Avenue Summer Program is non-refundable & non-transferable; fees cannot & will not be transferred to the Fall Dance Avenue School Season, nor will they be refunded due to absences.**

Parent Signature: _____ **Date:** _____

Office Use Only - Employee Name: _____

Program Level: _____ # Weeks: _____

Payment Amount Owed: _____ Date of Payment: _____

Credit/Cash/Check #: _____ *Refer to Tuition Guide page for cost info.