

# Fairfield Dance Center

## 2019 Summer Camp/Class Registration Form

Billing Name      First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Subdivision/Community \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

HM Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Parent 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

**E-mail address** \_\_\_\_\_

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Student Name      First \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Dance Experience** \_\_\_\_\_ **# of years** \_\_\_\_\_

**Medical Info** \_\_\_\_\_ **Circle One:**      **New Student**      **Returning Student**

**Dr. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**Dance Camp/Intensive  
Workshop**

Workshop	Day(s)	Time	Date	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**6 Wk Dance Class**

Class	Day	Time	Date	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**Name of Cardholder** \_\_\_\_\_

**Type** \_\_\_\_\_

**CC#** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **CCV#** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Paid CC** \_\_\_\_\_ **Paid Check #** \_\_\_\_\_ **Paid Cash** \_\_\_\_\_

**Registration**      **\$10.00**

**Fees** \_\_\_\_\_

**Fees** \_\_\_\_\_

**Fees** \_\_\_\_\_

**Fees** \_\_\_\_\_

**Total Paid** \_\_\_\_\_

# Fairfield Dance Center

# Waiver & Release

I agree to participate in the Fairfield Dance Center, Inc. dance and specialty programs as Follows:

1. I recognize the risks of injury common to any performing arts program, and that I am participating in this program upon the express agreement and understanding that I am hereby waiving and releasing the company and its staff from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, arising out of my participation in this program.

(Initial \_\_\_\_\_)

2. I hereby understand and will comply with all policies regarding the Rules & Regulations of the studio.

3. I understand fully that summer tuition is due at registration and NON REFUNDABLE (unless cancelled by FDC due to lack of registration).

4.. I am aware that no prorating or refunds will be issued due to missed classes. I am aware that I will not be able to transfer missed classes to the fall session.

65. I exclusively give Fairfield Dance Center, Inc the permission to use my child's picture and or video image for advertising and marketing purposes.

I have read the Waiver & Release, as well as the rules and regulations and understand them completely.

I have duly executed this Waiver & Release this \_\_\_\_\_ day of \_\_\_\_\_, 2019

Signed \_\_\_\_\_

Print \_\_\_\_\_