



2019 Summer Enrollment Form

This form must be completed in its entirety by Parent/Guardian in order for your dancer to register. Please print clearly.

Dancer's Name _____ Birth date _____ Age _____ M / F

Address _____
Street Town ZIP

Home Phone _____ E-Mail _____

Parent's Name _____ Work Phone _____ Cell _____

Parent's Name _____ Work Phone _____ Cell _____

<i>Class Name</i>	<i>Day</i>	<i>Time</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fees: 6-week Summer Session

'New' Turn Challenge-\$65
 30 Minute class-\$75
 45 Minute class-\$80
 60 Minute class-\$85
 75 Minute class-\$90

Princess and Disney Camps: \$150/Week
Class minimums apply.

EMERGENCY INFORMATION

Emergency Contact _____
Name Phone

Doctor _____
Name Phone

I am responsible for all tuition as noted on the reverse side and/or for any late fees if payment is not received on due date or checks are returned for insufficient funds.

reasonable attorney's fees, which may be suffered in connection with, caused by arising out of or resulting from my or said child(rens) use of the facility.

With the exception of gross negligence, I shall waive, release and agree to defend, indemnify and hold harmless Studio D Center for Performing Arts LLC, its representatives, agents and/or employees, invitees and patrons from and against any and all claims or demands for injuries and related damages, losses, expenses, including

It is hereby acknowledged that Studio D Center for Performing Arts LLC reserves the right to use the names of myself and said child(ren) and/or any photographs taken at the facility for purposes of publication, advertising or samples of its services to be shown to prospective clients or on its website.

Parent or Guardian Signature _____ Print Name _____ Date _____

Mail to: Dona Wassell, 102 Gay Bower Road, Monroe, CT 06468. Phone: 203-445-8090

Kindly make all checks payable to "Studio D." A \$25 fee will be charged on any returned check.