



2009 Summer Registration Form

Student Name (Last, First)

Age

Birthdate

Grade

Parent (Guardian) Name

Address

Phone Number

Alternate Number

Emergency Contact

Emergency Number

Email Address

Necessary Medical Information

The undersigned parent or guardian of the said applicant understands that the applicant will be engaging in physical activity that contains a risk of physical injury. The undersigned hereby assumes this risk and, in doing so, releases Allison's Dance Academy and its employees from any and all liability for personal injury arising from the participation in the dance classes of the 2009 summer dance workshop.

Signature of Parent (Guardian)

Date

Classes

3-4 Years	9am – 10am	8 & Up	2pm – 3pm
3-4 Years	10am - 11am	13 & Up	3pm – 4pm
5-7 Years	Class is Full	3-4 Years	4pm – 5pm
8-12 Years	1pm - 2pm		