



2017 Summer Registration

Student Name (Last, First)

Age

Birthdate

Grade (2017-18)

Parent (Guardian) Name

Address

City

Zip Code

Phone Number

Alternate Number

Emergency Contact

Emergency Number

Email Address

Allergies/ 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 2017 summer dance classes.

Signature of Parent (Guardian)

Date

Class:

Session Date/Time:

Deposit Paid:

Balance Due: