

**SUMMER CAMP
REGISTRATION**

Name _____

Circle One - Male/Female Age _____

Birth Date _____ Cell _____

Home Phone _____

Parents _____

Address _____

Email: _____

Camps or Classes _____

Amount Enclosed _____

To register, please complete this form **on both sides** and return along with the payment .
See front of brochure for mailing information.
Make checks payable to A.D.A.
Students must wear appropriate attire for class including leotards, tights and shoes.

Current ADA students may deduct \$5.00 from their Summer Dance tuition as a "Thank You" for entrusting us with your child's dance education! FULL PAYMENT must be received by May 31 to receive the Discount.

Want to get your child moving this summer?

Plan to attend one ... or all of our Exciting

Summer Dance Camps!

If your child is interested in trying dance or gymnastics, this is a great way to get started! Our classes meet all week and focus on fun and learning!

**Liability Waiver
and Medical Release**

I/We give permission to **Angie's Dance Academy's** staff to seek appropriate medical attention and authorize any medical attention necessary in the case of accident, injury or illness.

I/We will be responsible for any and all costs of medical attention and treatment.

I/We, the undersigned, for myself/ourselves, my/our heirs, executors and administrators waive, release and forever discharge A.D.A. and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur while participating in the **A.D.A. Summer Camps**, whether or not damages, injury, or loss is due to negligence.

I/We, give permission to include dance related photos of my child for general advertising purposes or on the website of Angie's Dance Academy.

(Parent/Guardian Signature and Date)