



# 2019 SUMMER REGISTRATION FORM

Please complete one form for each dancer enrolling

\_\_\_\_\_ circle M F  
Student's Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_ City State Zipcode

\_\_\_\_\_ Email Address Telephone Number

\_\_\_\_\_ Date of Birth Referred By

Summer Camp/Class	Dates	Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Release of Liability:** I, as the legal parent or guardian of the above student, authorize his/her enrollment in the above classes and release the Charleston Dance Center, Inc. of all liability due to personal injury or loss of property. I have read the Studio Rules and Regulation and agree to abide by the protocol and requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_