

SUMMER REGISTRATION

MAY 2018-AUGUST 2018

THEDANCESANCTUARY@GMAIL.COM



Student Name _____ Date of Birth _____

Parent or Guardian's Name(s): _____

Mailing Address: _____

Primary Phone: _____ Phone (2): _____

Primary Email Address: _____

SESSION TITLE	COST
TOTAL TUITION:	

Medical

Allergies: _____

Will your child require any special medical attention during a normal class: (yes/no) _____

If yes - Explain: _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the physical risks related to dance

___ I/we understand that I am responsible for my property

___ I/we understand that The Dance Sanctuary has a strict zero tolerance policy to any theft, vandalism, physical or verbal abuse, harassment, bullying, or the use of any illegal substances.

___ I/we give media use rights permission for the dance school's promotional purposes

Signature / Responsible Party

Date

**Registration and payment can
be mailed to:**

**The Dance Sanctuary
68 Main Street, Suite 2
Saranac Lake, NY 12983**