

Summer Registration Form

Student's Name _____ Birth Date _____ Age _____ Sex _____

Address _____ Home Phone (include area code) _____

City/State/Zip _____

Parent/Guardian #1 _____ Home Phone _____ Work Phone _____ E-Mail Address (Please Print) _____

Parent/Guardian #2 _____ Home Phone _____ Work Phone _____ E-Mail Address (Please Print) _____

Alternate Emergency Name _____ Home Phone _____ Work Phone _____

This Application Must be Signed for Admission

Starting Date _____ to _____ # of wks _____

Program/s Chosen (Circle One): Performing Arts Mini Camps - Ballet & Dance Intensive - Saturday Programs

I ___ **do** ___ **do not** give my child permission to go to convenience stores and/or restaurants to purchase food which are walking distance from the Gwendolyn Bye Dance Center. The Children will **not** be accompanied by school staff.

Please indicate how your child/children will go home from the Gwendolyn Bye Dance Center.

travel on their own picked up by parent/guardian carpooling with another family

Additional Information: (medications, special instructions, etc.)

I hereby release the the Gwendolyn Bye Dance Center (GBDC), Dancefusion and fusion2 and its agents and employees, from all liability for personal injury, illness or property damage occurring on or off the GBDC premises, whether or not caused by negligence of the GBDC, its agents or employees. I hereby give permission for the GBDC, Dancefusion and fusion2 to take and/or publish my photograph(s), and to publish my name and biography in promotional media including (but not limited to) newspapers, press releases, and the GBDC public website. I also give permission for GBDC, Dancefusion and fusion2 to publish my information, including name, address, phone numbers & e-mail, in the school's phone directory.

THERE ARE NO REFUNDS!

Parent/Guardian Signature

Signature of person responsible for tuition if different

Date

Name/s of anyone picking up your child other than Parent/Guardian