

2020 Summer Enrollment Form

Name of Child _____ Age _____ Birthday _____

Address _____ City _____ Zip _____

Phone: _____ Cell: _____

Email Address _____

Name of Parent(s) _____

Name of Person Making Payments _____

Emergency Name and Number _____

How did you hear about us? _____

Medical Information

List any medical information that the instructor should be made aware of:

Class	Session	Dates	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total - _____

Competition Prep Week

Dazzlers _____ Junior Stars _____ Starlettes Tap/Jazz _____

Starlettes Lyrical _____ Super Stars Hip Hop _____

Supernovas _____ Mini Stars _____

Ultimate Summer Workshop at DSD with Valerie Rockey \$125 (for those not already registered for competition intensive) - _____ (Date & Time TBD)

TUITION TOTAL - _____

Hold Harmless Agreement

I understand that DSD and employees are not liable for any injuries that may occur while my son or daughter or family member are involved with lessons and activities on DSD property or while participating in DSD related events, and agree to hold DSD and its employees from negligence, active or otherwise, of DSD, its agents or employees.

I have read and agree abide by DSD policies.

Signed: _____ Date: _____

(Legal parent or guardian)