

**WISSAHICKON DANCE ACADEMY
SUMMER REGISTRATION FORM**

NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ WORK _____

EMERGENCY _____ CELL _____

BIRTHDATE _____ AGE _____ SEX _____

EMAIL _____

BALLET BACKGROUND _____

PLEASE REGISTER ME FOR :

SUMMER BALLET INTENSIVE 6/18 – 6/29 2 weeks other dates _____

HOUSING NEEDED yes no

SUMMER BEGINNER DANCE CAMP 7/9 – 7/20 2 weeks other dates _____

PRE-BALLET DANCE CAMP 7/23 – 7/27 1 week

A \$25 non-refundable deposit is due with the application form. This will reserve your place in the program and will be credited toward tuition. Payment must be received in full by May 15, 2012.

A \$25 discount may be applied if full payment by April 1.

_____ I hereby release the Wissahickon Dance Academy (WDA) and its agents and employees from all liability for personal injury, illness or property damage occurring on or off the WDA premises, whether or not caused by negligence of WDA, its agents or employees.

_____ I hereby give permission for WDA to photograph or videotape my child/self and to publish my name in promotional media including (but not limited to) newspapers, press releases, the WDA website or other marketing.

(please initial above)

Parent/Guardian Signature _____ Date _____

(Signature of student if 18 years or older)

Make checks payable to **Wissahickon Dance Academy**, 38 E. School House Lane,
Philadelphia, PA 19144 215-849-7950 (phone) 215-849-3117 (fax)