

**WISSAHICKON DANCE ACADEMY
REGISTRATION**

STUDENT'S NAME _____ Date of Birth _____

PARENTS' NAME _____ Child's age _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL _____ HOME PHONE # _____

WORK PHONE# _____ MOTHER'S CELL # _____

FATHER'S CELL # _____ EMERGENCY PHONE # _____

EMAIL ADDRESS _____

PREVIOUS DANCE SCHOOL _____

PREVIOUS TEACHER _____ # YEARS TRAINING _____

I am interested in: PRE-BALLET BALLET JAZZ TAP HIP HOP MODERN YOGA

Please enroll me: CLASS DAY & TIME _____

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

Parent/Guardian Signature _____ Date _____

(Signature of student if 18 years or older)

REGISTRATION FEE \$20 (non-refundable annual fee)

Make check payable to: WISSAHICKON DANCE ACADEMY

38 E. Schoolhouse Lane, Philadelphia, PA 19144

Tel: 215-849-7950 Fax: 215-849-3117

wissahickondance@verizon.net

www.wissahickondance.com