

# 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

4 weeks     other dates \_\_\_\_\_

HOUSING NEEDED  yes  no

\*BEGINNER DANCE CAMP

2 weeks     1 week dates \_\_\_\_\_

BEGINNER TAP for ADULTS and TEENS

6 weeks

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 June 1. \*Pay in full by May 1 and receive a \$25 discount for camps marked with an asterisk \* All students not already registered at WDA must also pay a \$20 registration fee.

\_\_\_\_\_ 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)