

Connecticut Dance Academy 2019-2020 Registration Form

Student Name		Student Date of Birth	
Address			
Town		State	Zip Code
Parent/Guardian 1 Name		Home Phone	Cell Phone
Email Address			
Parent/Guardian 2 Name (optional)		Home Phone	Cell Phone
Email Address			
Emergency Contact (other than parent/guardian)		Home Phone	Cell Phone
Please list any medical conditions or allergies		How did you hear about us?	

Class Selection (Please indicate class, day, and time)

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Please Check Below (First Three Boxes Mandatory):

- I will follow the Studio Policies of Connecticut Dance Academy, LLC listed at www.ctdanceacademy.com/studio-policy.
- I understand Connecticut Dance Academy, LLC, their agents, and employees are not responsible for any injuries obtained on their property/premises or during any additional activities and performances the studio may hold at other locations. Connecticut Dance Academy is not responsible for any lost or stolen items within the studio or at any event held outside the studio.
- I understand the refund policy listed within the Studio Policies and that my child may withdraw within two weeks of the class start date for a full refund less the registration fee. I understand I will not receive a refund if my child chooses to withdraw any later than two weeks from the commencement of his/her first class.
- I agree to the use of photos/videos of my child for Connecticut Dance Academy's advertising, website, and promotional purposes only. (Optional)

Parent/Guardian Signature

Date