

2012 Summer Registration Form

Students Name: _____ Age: _____

Please list any medical conditions, or allergies we need to be aware of:

Contact Information:

Parent/Guardian Name: _____ Phone # _____

Email Address: _____

Address: _____

Emergency Contact #1: _____ Phone# _____

Emergency Contact #2: _____ Phone# _____

Family Physician Name: _____ Phone# _____

In Case of Emergency please list preferred hospital: _____

Registering For The Week(s) of: _____

\$15.00 Deposit:(Office Use) _____

Balance Office use: _____

***Please drop payment off at H&H Dance Academy or mail to PO Box 232 Millbury, MA 01527**

Make checks payable to H&H Dance Academy

By signing this form, I hereby give consent for the candidates' full participation in the H&H Dance Academy Dance Clinic. Should medical attention be necessary I give H&H Dance Academy and staff permission to provide the appropriate care as needed. I the parent/guardian do hereby assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless the HHDA staff and dancers, the organizers, supervisors, teachers and participants for any claim.

Parent/Guardian Signature: _____ Date: _____