



2018 Summer Registration

Dancer's Name _____ Age _____

Address: _____ City _____ Zip _____

Phone #: _____

Parent's Name: _____ Cell Phone _____

Parents Email: _____

Emergency Contact: Name & Phone _____

Medical conditions/Allergies _____

Two week Summer Workshop June 18-28 (Mon-Thur) 9:00-2:30 Ages 7 & up _____ \$350

Summer Camps Ages 3-6

Wednesday, July 11	9:00am-12:00pm	Super Heroes _____	\$45
Wednesday, July 18	9:00am-12:00pm	Under the Big Top _____	\$45
Wednesday, July 25	9:00am-12:00pm	Disney Day _____	\$45
Wednesday, Aug. 1	9:00am-12:00pm	Garden Party _____	\$45

Dancing to Broadway July 9-12 (Mon-Thur) 9:00-2:00 Ages 8 & up _____ \$175

Summer Classes July 9 – August 2

Name of Class	Day/Time/Studio	No. of punches	
_____	_____	_____	x \$18 = _____
_____	_____	_____	x \$18 = _____
_____	_____	_____	x \$18 = _____
_____	_____	_____	x \$18 = _____

Class Total (add right hand column) \$

~Turn over to complete ~

Two week Workshop Total \$_____

Summer Camp Total \$_____

Broadway Total \$_____

Class Total \$_____

Total Paid \$_____

Method of Payment	Cash	Check	Credit Card
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Make checks payable to:
 Dance Arts Studio
 555 Burbank St. Unit N
 Broomfield CO 80020

Phone: (303) 466-3212
 Email: dasbroomfield@msn.com

Complete and return:

I, _____, parent/guardian of _____, understand that dance, by its nature, is a strenuous physical activity and carries with it the risk of injury. I understand that it is advisable to check with a physician before participating in dance or any strenuous activity. With those understandings, I release Broomfield Dance, Inc. (d/b/a Dance Arts Studio), any and all dance teachers teaching at Dance Arts Studio, and/or any student helpers under their direction from any and all liability should my dancer be injured in any way while attending Dance Arts Studio and its related activities.

Dancers Name	Date	Parent or guardian signature
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PERMISSION FOR MEDICAL TREATMENT

In the event that an injury occurs and I cannot be reached, I consent to emergency medical treatment of my dancer

Parent or guardian signature _____ Date _____