

2021 SUMMER REGISTRATION FORM

Student's Name	Home Phone	
Address		
City	StateZip Code	
Mother's Name	Work/Mobile	
Father's Name	Work/Mobile	
Email Address		
Child's Age (as of 6/1/21)		
Emergency Contact	Phone ()	
MASTER CLASS/WORKSHOPS		RATE \$
		\$
		\$
TECHNIQUE CLASSES		
	<u> </u>	
	TOTAL HOURS	\$
	TOTAL AMOUNT DUE	\$
Payments will be collected via ACH on June 2, July 2, and August 2, 2021.		
Parent/Guardian Signature		
I understand that by enrolling my child(ren) in class with the Youth Dance Ensphysically strenuous exercise. I know other studios provide the same or simila that the Youth Dance Ensemble and School shall not be held responsible or lia or damage suffered or sustained by my child (ren) in connection with or arising	er classes, but in choosing Youth Dance Ensemble and Sci ble for any negligence, implied or otherwise, causing per	hool, I understand and agree sonal injury, or property los
I hereby give permission to have photos/video of my child a during the time my child is enrolled in this organization.		Ensemble and School
Parent/Guardian Signature		
**This form can be downloaded at ydeschool.com		