

Adult SUMMER Dancer Information

Please complete one per dancer Please print clearly

Dancer's Name	Name Called
Dancer's BirthdayAge_	
School Name (if applicable)	
Mailing Address:(please include city and zip code)	
Email address	
Phone numbers: please list cell and one other number t	to reach you at.
Cell Phone Number	Other Phone Numbers to reach you
Emergency Contact Name:	Emergency Contact Phone:
Medical Issues (include asthma, allergies, bladder/kidn	ney issues, ADD/ADHD, etc.)
(Please see Miss Nora if you have	e following statements if you agree to them. any questions concerning these statements) cy information and I hereby agree to adhere to these policies and
	any photo, videos, or DVD's of myself and.or my child/ren for
I give Miss Nora permission to adjust my dancer's body	position during the dance class
I understand L'Academie de Danse is not responsible fo	or any illnesses contracted (cold, flu, COVID, etc.)
I understand that L'Academie De Danse and the Teache stolen property	ers are not responsible for injuries or lost or
Years of dance at L'Academie De Danse as of this date	ı
How did you hear about this class?:	
Class: Adult Tap Class - 6 week summer session June 18 - July 30 (Tuesdays 7:30-8:30 pm) (\$105)	□ Social Dancing (Swing and Line Dancing) July 10 - July 31 (Wednesdays 7:00-8:00pm) (\$70)
 Adult Beginner Ballet Class - 6 week summer session June 20 - August 1 	n

(Wednesdays 6:00-7:00pm) (\$105)

(Thursdays 7:30-8:30 pm) (\$105)