

# DANCER'S EDGE

## 2023 SUMMER INTENSIVE REGISTRATION

*Please Print Clearly and Return Completed Form to the Studio.*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

*Other Emergency Contact:*

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

*Do you plan to attend the competition team audition on June 17<sup>th</sup> at 11am?  
[\_\_\_\_] Yes! [\_\_\_\_] No.*

*As parent or legal guardian, I give my consent with my signature below for necessary emergency medical treatment. Liability Waiver: Dancer's Edge provides classes and training at the exclusive risk of the participants. Your signature below indicates your understanding and acceptance of Dancer's Edge policies.*

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Note: \$63 payment is due when you submit the completed form.**

TOTAL PAID: \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_