

☆ Palmetto Dance Starz – Registration Form – Summer 2010 ☆

Please Print

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Years of Dance \_\_\_\_\_

Special Medical Considerations or Food Allergies? \_\_\_\_\_

Parent/Guardian 1:		Parent/Guardian 2:	
Mailing Address			
City		State	Zip
Home( )	Cell( )	Work( )	
Email Address			
Emergency Contact:		Phone( )	

Please select the classes you are interested in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under the Sea<br>Summer Camp (ages 2-5)   | <input type="checkbox"/> Dance Clinic Session 1<br>(Ages 2-5)  | <input type="checkbox"/> Dance Clinic Session 2<br>(Ages 2-5)  |
| <input type="checkbox"/> Fun in the Sun<br>Summer Camp (ages 6-12) | <input type="checkbox"/> Dance Clinic Session 1<br>(Ages 6-12) | <input type="checkbox"/> Dance Clinic Session 2<br>(Ages 6-12) |

**I, the adult applicant or I, the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all Palmetto Dance Starz, LLC programs and activities registered. I do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of Palmetto Dance Starz, LLC programs for any claims arising out of injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. I also give permission for Palmetto Dance Starz, LLC to take photos of me or my child to use for the website and for purposes of promoting the school.**

\_\_\_\_\_  
**Adult Applicant or Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Palmetto Dance Starz, LLC reserves the right, at any time, to cancel or change classes, days and times

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Office Use Only
Amount Paid: \$ _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____