



New Dimensions Dance Academy
 Summer Intensive Registration Form
MINI LEVEL
Ages 6-9

2462 West State Road 426 - Suite 1040, Oviedo, FL 32765

Dancer Information

Date: _____ (required)

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Information

Mother's Name: _____ Father's Name: _____

Contact Phone: _____ Email Address: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Training Current/Previous School: _____

- Would you like to be considered for the NDDC Competition Team (Select One) _____ YES _____ NO
- How did you hear about us? _____

Programs Offered - Choose all the apply

Mini Full Day Program

_____ Both Weeks - All Day Monday - Wednesday - Friday (June 7, 9, 11 & June 14, 16, 18) - See tuition chart

_____ Week One - All Day (June 7, 9, 11) - \$150.00

_____ Week Two - All Day (June 14, 16, 18) - \$150.00

Mini Single Day Program - Week One					Mini Single Day Program - Week Two				
\$60.00 per day					\$60.00 per day				
____ June 7		____ June 9		____ June 11	____ June 14		____ June 16		____ June 18

Mini Intensive Tuition

- \$250.00 both weeks (if registered & paid **before** 5/15/2021)
- \$300.00 both weeks (if registered & paid **AFTER** 5/15/2021)

Registration Fee: \$25.00 per student

For Office Use Only: _____ Amt Pd _____ Date Pd _____ Initials



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Family Information

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Waiver & Release

I agree to participate at the New Dimensions Dance Academy, Inc., under the following conditions:

1. I recognize the risk of injury common to any dance studio and that my child is participating in this program upon express agreement and understanding that I am hereby waiving and releasing New Dimensions Dance Academy, Inc., against any and all claims, actions, causes of action, damages, cost, liabilities, expenses or judgments, including attorneys fees and court cost, arising out of my child's participation in the program.
2. I hereby execute this Waiver & Release form to induce New Dimensions Dance Academy, Inc. to permit my child to participate in their program
3. I understand it is the staff member's discretion to remove a student and contact their parents to send them home if they feel that they are not well or have shown signs of a fever.
4. I understand that tuition is due no later than the 5th of the month and that a \$25.00 late fee will automatically be charged to my account for payments received after the 5th of each month.
5. I understand that I will pay all past due accounts including all late fees.
6. I understand that if my child wishes to drop any classes (at any time) that I must submit a Change/Drop Form by the 20th of the prior month or I am responsible for that month's tuition.
7. I understand that competition fees, recital tickets fees, costume fees, etc., are in addition to normal monthly tuition. I have read the Waiver & Release and fully understand them.

My child has medical and/or health concerns the studio needs to be aware of: _____

I have executed the Waiver & Release this _____ day of _____ 20____

Signed _____

Print Name (Parent or Guardian of above child): _____

For Office Use Only: _____ Amt Pd _____ Date Pd _____ Initials