

2017 SUMMER CLASS REGISTRATION FORM

Date: _____

Student

Miss, Mrs.

Name: _____ Ms. Mr. (circle)

Address _____

Zip: _____

Birth Date: _____ Age: _____ Years of Dance Training: _____

Child and Teen Students:

Parent's Name: _____

Phone: _____ (home) _____ (work)

Email : _____

List Summer Classes Registering For:

I recognize the risks of accidents in any exercise, dance or physical program. I waive release and hold harmless from any liability for injury, damage, liability, or claims arising from my child's participation in this program. This applies to all teachers, heirs, and the facility at which they are participating. My child is in good physical condition and there are not other reasons why my child cannot participate in this program.
I give permission for photos taken of my child in class or at studio functions to be used for promotional purposes.

Signature _____

Return (by mail or in person) to:
Patricia Kelbaugh Dance Studio
2 Professional Drive, Suite 218/219
Gaithersburg, MD 20879
301-840-1849

For Office Use:

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