

PLEASE FORWARD FORM ALONG WITH 1<sup>st</sup> MONTH TUITION & \$10.00 REGISTRATION TO:

**DANCE CENTERS  
2237 HOWARD BLVD.  
MOUNT PENN, PA 19606**

Print Clearly

Participants Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, PA Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell \_\_\_\_\_

Circle  
Work or Emergency #: \_\_\_\_\_

Camp Selection: \_\_\_\_\_

Camp Week: \_\_\_\_\_ Time: \_\_\_\_\_

Medical info we need to know: \_\_\_\_\_

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How did you hear about us?  Friend  Web  Drive By

**LIABILITY WAIVER**

As The Parent Of The Above Mentioned Participant I Am Aware That Any Physical Movement Program Could Result In Injury, And I Permit Them To Participate In The Program . In The Event Of Such An Injury, I Release DANCE CENTERS, IT'S OWNER'S, EMPLOYEES, FRANCHISEES, INSTRUCTORS, AND STAFF From All Liability From His/Her Participation In The Program. I give permission to use photographic images & video of my child without identification for advertising & promotional purposes.

I also understand the terms and conditions of this agreement and will abide by those guidelines.

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

CONSIDER YOUR REGISTRATION FOR THE CLASS OF YOUR FIRST CHOICE  
CONFIRMED, UNLESS YOU HEAR OTHERWISE