

DreamWeaver Dance Theatre

Summer Registration Form

{Please Print Clearly}

Student Name _____ Age _____

Parent / Guardian _____

Address _____

Zip Code _____ City _____ Dad Cell Phone # _____

Mom Cell Phone # _____ Home Phone # _____

E-Mail Address _____

Dancer may be picked up by:

Name:

Phone#

Emergency Contact:

Name: _____ Phone# _____

Attending: 4-6 Camp___ Level 1 Camp___ Level 2/3 Camp ___

Pre-Teen/Teen 3/4 Camp___

*** Please Note:** Liability for any injury incurred while performing any activity at DreamWeaver Dance Theatre will be your responsibility. If you feel you may be at risk and that insurance is necessary, you must obtain your own insurance

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Signature _____

Date _____