

FDM Summer Registration Form

Name _____ Tele. _____ Cell _____
Address _____ City _____ Zip _____
Age _____ Birthdate _____ School _____ Grade _____

New Students: *Please use back of this form to list previous dance training, health conditions, and special needs we need to be aware of.*

Description

Day & Time

Classes Chosen: _____

I understand that participation in dance classes carries with it a reasonable assumption of risk. I assume all responsibility for myself and for my children while participating in classes and/or activities at Fountain Dance Ministry. I waive all claims for liability against Fountain Dance Ministry or any of its teachers in case of injury.

Signature _____ Date _____

Student and parent (if under 18)

Amount Enclosed _____

Checks payable to Fountain Dance Ministry

Referred By: _____