

FDM Dance Camp Registration Form

Name _____ Phone _____ Cell _____

Address _____ City _____ Zipcode _____

Age _____ Birthdate _____ Week Chosen _____

Please use the back of this form to list any health conditions and/or special needs we need to be aware of.

Tuition Enclosed \$ _____

(check payable to Fountain Dance Ministry)

Referred By _____

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 FDM or any of its teachers in case of injury.

Signature of parent _____ Date _____