

Destination DANCE STUDIO OF PERFORMING ARTS



1278 Hicksville Road
Seaford, NY 11783

516-795-2707
www.DestinationDanceNY.com

Online Form to be mailed in with Registration Fee, Sept and June Payments

CLASS: _____ **MONTHLY TUITION:** _____

NAME (student): _____ **ADDRESS:** _____

PHONE: Home () _____ Cell () _____

BIRTHDATE: _____ **AGE:** _____ **SCHOOL GRADE:** _____

DANCE EXPERIENCE: _____

NAME OF PARENTS OR GUARDIANS: _____

EMERGENCY CONTACTS: *Name* *Number*

PERMISSION TO PARTICIPATE:

I understand by enrolling my child in this dance program, I am granting permission for he/she to participate in physical activity. As in any physical activity, there is chance of injury. I am hereby releasing Destination Dance Studio of Performing Arts, LLC from any and all liability in case of injury.

SIGNATURE: _____ **DATE:** _____