

HAMDEN ACADEMY OF DANCE-N-MUSIC 203-230-2014

Student: _____ Age: _____ D.O. B _____

Address: _____ City: _____ Zip: _____

Contact Phone# _____ Emergency # _____

Email Address (please write clearly) _____

\$25 REGISTRATION & \$25 FOR MANDATORY DANCE WEAR

Registration Deadline May 21st

PLEASE MARK X WHEN SELECTING A CAMP OR PROGRAM OF CHOICE

_____ \$150 Weekly July 5th – August 12th - Time 8:30 – 3:30pm

_____ \$75 1/2 Day Program Weekly July 5th – August 12th – 1:00 – 3:30p.m

_____ \$40 Weekly H.A.D.M Extension & Competition Readiness – July 5th – August 12th 5:30 – 8:30pm

Acro, Hip-hop, Jazz, Modern, Tap, & Technique

_____ \$40 Total – Lil' Legacy & "Dancing Diamonds" July 5th – August 12th

_____ \$20 Technique, Skills, Stretch and Tricks Class Ages 8 - 18 July 5th– August 12th

POLICIES AND PROCEDURES:

I/we, the parent/guardian of (students name) _____ hereby give my/our approval for (student name) _____ to participate in any and all activities including but not limited to class trips, events given by Lia Davila individually and dba Ultimate Dance Experience /Hamden Academy of Dance N Music.

I/we, assume all risks and hazards incidental to such participants including transportation to and from the activities; and I/We hereby waive, release, absolve, indemnify and agree not to hold harmless Lia Davila individually and dba Lia's Ultimate Dance Experience/Hamden Academy of Dance N Music, its organizers, supervisors, participants and persons transporting my/our child to our from activities, from any claim arising out of injury to my/our child, except and in the amount covered by accident or liability insurance.

I/we authorize any licensed physician to provide treatment, order injections, hospitalize, give anesthesia, or perform surgery for (student) _____. I/we understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment that the physician may deem advisable in his/her exercise of best judgement I presume a reasonable attempt was made to contact me, the parent/guardian.

Parent Signature: _____ Parent Name(Print) _____

Date: _____

Cash or Check Only – All programs are 1-3payments – NO Weekly Payment

