

# The Ballet Dance Center

**Summer Enrollment Form**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(If under 18 years of age)

Cell #1 \_\_\_\_\_ Cell #2 \_\_\_\_\_ Cell #3 \_\_\_\_\_  
(Mom) (Dad) (Dancer)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Fall \_\_\_\_\_

Emergency Contact/Phone # \_\_\_\_\_  
(if you can not be reached at the above phone #'s)

Parent Email \_\_\_\_\_ Dancer Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please enroll the above named individual in the following BDC Summer Programs  
Include name of program, dates, times, day(s) and name of class if applicable

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\*\*\*Programs will run ONLY if eight or more dancers enroll per class or intensive.

Medical conditions, medications or restrictions \_\_\_\_\_  
(All information will be held confidential)

I, the above-named dancer, or the parent or guardian of the above-named dancer, understand that Dance is a hazardous activity from which all risk of injury cannot be eliminated. I consent to the above-named dancer's participation in The Ballet & Dance Center's activities and I assume the risks incidental to the participation in such activities.

Signature of adult dancer/parent/guardian:

\_\_\_\_\_ Date \_\_\_\_\_

**Call (315) 446-6600 or email [kfalcone@TheBalletAndDanceCenter.com](mailto:kfalcone@TheBalletAndDanceCenter.com)  
3470 Erie Blvd East, P.O. Box 375, Dewitt, NY 13214**