

The Ballet Dance Center

Summer Enrollment Form

Date _____

Dancer Name _____

Address _____

Parent/Guardian _____
(If under 18 years of age)

Cell #1 _____ Cell #2 _____ Cell #3 _____
(Mom) (Dad) (Dancer)

Date of Birth _____ Age _____ Grade in 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 Program/Classes

1. _____
2. _____
3. _____
4. _____

***BDC Programs/Classes will run ONLY if eight or more dancers enroll.

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
3470 Erie Blvd East, P.O. Box 375, Dewitt, NY 13214**