

2018 Boise Dance Alliance Summer Registration

Student/Parent Information

Student Name: _____ Returning Student: yes no

Age: _____ Birth Date: _____

Parent/Caregiver Name: _____

Relationship to Child: _____

Mailing Address: _____
 Street City Zip

Phones: _____
 Home Mom’s Cell Mom’s Work

Phones: _____
 Dad’s Cell Dad’s Work

Email Address: _____

Emergency Contact: _____ Phone: _____

Relationship to Dancer: _____

Please describe any disability, allergies, etc., if any, that the dance instructor should be aware of:

How did you hear about our school of dance?

Photo Release

I give BDA permission to take and use pictures of my child for their website, program, brochures, and/or flyers.

Yes

No

Parent Signature: _____

Medical Release

This consent form gives permission to seek whatever medical attention is deemed necessary to my child, and releases BDA and its staff of any liability.

Parent Signature: _____

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My Dancer will be participating in (check all that apply):

Drop-In Evening Class (\$10 per class)

Junior Summer Camp (\$200)

Senior Summer Camp (\$200)