



# Summer Dance Intensive 2008 Registration Form

**This is for the serious dancer...taught  
by Ed Phelan, Gretchen Wiedt and more.  
Tap, Ballet, Jazz, Lyrical,  
Contemporary...Technique!!!!  
Definitely worth the money!**

Friday, July 25<sup>th</sup> - Sunday, July 27<sup>th</sup>

€ Full Day	9:00 am - 3:00 pm	Cost: \$ 275.00 paid before 7/1
		Cost: \$ 300.00 after 7/1

**\*\*Registration/liability form must be received with full payment.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/Mobile Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Dance Experience: \_\_\_\_\_

*This intensive is mandatory for competition team members and those considering auditioning for the 2008-2009 competition team.*

*--Please see reverse side for liability disclaimer--*

201 Chesterfield Towne Centre • Chesterfield MO 63005  
(636) 728-0608 • [www.thedancefloor.net](http://www.thedancefloor.net)



# Liability Disclaimer

## **PARENTS, GUARDIANS OR ADULT STUDENT** (Please read and sign below)

Student Name: \_\_\_\_\_

While Renee's Dance Floor, LLC makes every effort to insure the safety of its students and guests; I acknowledge the fact that certain types of injuries are common & inherent in dance-related activities, and that Renee's Dance Floor, LLC/staff/and teachers are not liable for personal injuries, loss of, or damages to personal property. Each student may decline to participate in any activity. Please inform instructor and front desk personnel of any personal limitations your child may have. If you have any doubt of your child's physical abilities, please contact your physician before participating.

I authorize emergency first aid care to the above student by Renee's Dance Floor, LLC staff in the event she/he becomes ill or injured while at the studio or at incidental sponsored activities off premises if the parents or guardian are not immediately available at the telephone numbers provided on this registration form. I further authorize the staff and such agents of Renee's Dance Floor, LLC to retain services of a doctor or other competent medical person in order to treat said student.

I, the undersigned, on behalf of the parties registered, authorize Renee's Dance Floor, LLC the use of their images for advertising purposes.

\_\_\_\_\_  
Parent, Guardian or Adult Student Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_