

*DANCE SEASON- Registration Form* \_\_\_\_\_

DANCE CRAZE Year Enrolling  
CRISPIN SQUARE SHOPPING CENTER  
230 North Maple Avenue  
Marlton, NJ 08053  
(856) 797-0303

**Please remit all correspondence to :Carla Bellucci 44 Southgate Dr. Mt. Laurel, NJ 08054**

{ } New Student \$25.00 { } Returning Student \$15.00

PLEASE PRINT

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents First & Last Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ School Grade \_\_\_\_\_

Emergency Contact & # \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Class(es) Desired: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE USED FOR PROMOTIONS AND/OR ON OUR WEBSITE.**

MEDICAL TREATMENT AUTHORIZATION

In consideration of the participation of the above named student in the *Dance Craze* DANCE SEASON I personally, as the participating student, or parent and/or guardian fo such student, intended to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive and release *Dance Craze*, their officers, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me or my child/ward in connection with my association with the above program, or any activities related hereto, including, without limitation, my travel to or participation in and returning from any activity associated with the program. Further, I grant *Dance Craze*, and its agents, and employees permission to authorize any emergency medical treatment that may be required for my child/ward during the summer program. {It is understood that *Dance Craze* will make an effort to contact me prior to the emergency treatment of my child/ward, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached}

My Medical Insurance Is Offered Through: \_\_\_\_\_  
{Insurance Company Name}

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

I, the undersigned, have read the release/authorization and understand all of its terms, I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_