

DANCE CRAZE FALL REGISTRATION FORM

Please remit all payments and correspondence to:
Carla Bellucci, 44 Southgate Drive, Mt. Laurel, NJ 08054

{ } NEW STUDENT --\$25

{ } RETURNING STUDENT--\$15

PLEASE PRINT CLEARLY

Dancer's Name: _____ Age: _____

Dancer's School Grade: _____ DOB: _____

Parents/Guardians Full Names: _____

Full Mailing Address: _____

E-Mail Address: _____

Cell Number: _____

Emergency Contact & Number: _____

Class(es) Desired: _____

I DO ____ I DO NOT ____ GIVE PERMISSION FOR MY CHILD'S
PHOTOGRAPH TO BE USED FOR PROMOTION AND/OR WEBSITE.

Medical Treatment Authorization

In consideration of the participation of the above named student at Dance Craze during the above named season, I personally, as the parent, guardian, or participating student intend to be legally bound, do hereby, for myself, my heirs, executors, administrators, waive and release Carla Bellucci and Dance Craze and it's representatives, successors, and/or assigns for any 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 Carla Bellucci of Dance Craze and it's agents and employees permission to authorize any emergency medical treatment that may be required for any child/ward during participation in the 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 COMPANY IS: _____

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

Parent/Guardian Signature _____ Date _____