



STUDENT REGISTRATION FORM



STUDENT INFORMATION:

Last Name:		First Name:	
Age (as of 7/1/25):		Parent's Name (if under 18):	
Street Address:		City, Zip:	
Phone:		Email Address:	

Person to Notify in Emergency:		Emergency Contact Phone:	
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Please list any injuries, allergies, or medical concerns we should be aware of:

RELEASE: I RELEASE AND HOLD DANCE VISIONS NETWORK, THE FACULTY, AGENTS, AND STAFF, HARMLESS FROM ANY AND ALL INJURIES SUSTAINED WHILE PARTICIPATING IN THE ACTIVITIES OF THE WORKSHOP ON THE PREMISES OF THE HOSTING STUDIO. I CONTEND THAT I AM IN GOOD HEALTH FOR PARTICIPATING IN THIS DANCE PROGRAM. THE PROGRAM IS HOSTED BY DANCE VISIONS NETWORK.

Signature (Parent or Guardian if under 18):		Date:	
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TUITION: \$150.00 per dancer (\$160 if no deposit is received by June 9)

Deposit: \$50.00 Due by June 9 to reserve your space, Balance due by 8:45 AM first day of the program.

For Office Use:	Total Deposit Rec'd: _____	Date: _____	Check # or Cash: _____
	Balance Due Rec'd: _____	Date: _____	Check # or Cash: _____

ADDITIONAL INFORMATION:

- Drop off time is 8:45am and students will begin dancing at 9:00am. Pick up time is 12:00pm.
- Students should arrive in a leotard, skirt, pink tights, with hair tied back.
- Please also bring: Shorts, Tank top/Shirt, Socks and Sneakers.
- Please be sure that everything they bring to the studio is labeled with their name.
- All students must bring a water bottle and snack.
- No observers are permitted during the camp.