

# Summer Registration Form

## **Broadway Dance Academy & Performing Arts**

5604 Merrick Road  
Massapequa, New York 11758

516.795.7232  
www.BroadwayDanceAcademy.net

Family Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**Email Address** \_\_\_\_\_

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

**Student Name 1:** \_\_\_\_\_

Birthday: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Class:</b>	<b>Session:</b>	<b>Time:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Student Name 2:** \_\_\_\_\_

Birthday: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Class:</b>	<b>Session:</b>	<b>Time:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### POLICY & WAIVER

By signing your name below as a participant, and/or parent/legal guardian of a student of Broadway Dance Academy & Performing Arts (BDA) & Backstage Dance Boutique, you acknowledge that participation our programs may expose you to a possibility of personal injury. You, being fully aware that attending dance/acro class or other related activities at the studio, exposes you to a possible risk of personal injury, hereby release Broadway Dance Academy & Performing Arts (BDA) & Backstage Dance Boutique, and its officers, directors, employees, agents, consultants, independent contractors and affiliates from any and all liability from property damage, personal injuries, or other claims arising from or in connection with your participation in the program including claims that are known and unknown, foreseen and unforeseen, future or contingent. No Refunds will be given for Summer Sessions. I hereby understand and agree:

Signature \_\_\_\_\_ Date \_\_\_\_\_