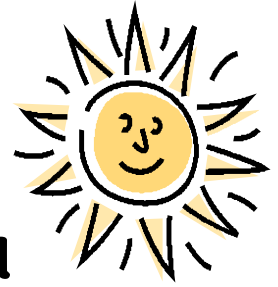




Summer Enrollment Form



Student's Name: _____

Address: _____

Home Phone: _____ Work/Emergency Phone: _____ Email: _____

Student's age & birth date: _____

Camp Attending: _____

List any food allergies if attending a camp where snack is provided: _____

Previous Training: _____

Please tell us where you heard about UFDA (check any that apply):

Flyer _____ Upper Falls Dance Academy _____ Other _____, please name

Summer Tuition: _____

Total Amount: _____

Waiver and Release: All Students/Parents: I agree to participate in dance and exercise courses given by Upper Falls Dance Academy and certify that I am in good health and capable of participating in the academy's classes. I understand it is the express intent of the academy to provide for the safety and protection of the student, and with that understanding, I hereby release Upper Falls Dance Academy Inc., its director, agents, teachers and employees, from all liability for personal injury, illness or property damage occurring on the academy's premises. I have read the brochure, schedule, tuition options and policies of the academy and am fully familiar with their contents, and with this signature acknowledge the waiver of liability.



Parent/Guardian's Signature

Date (If student is a minor)

Please make checks payable to Melissa Daniel & send payment to:

Upper Falls Dance Academy

Attn: Melissa Daniel, Summer Dance Coordinator

P.O. Box 226 Upper Falls, MD 21156