



REGISTRATION FORM - 2012 SUMMER DANCE WEEKS

CHILD'S NAME	
DATE OF BIRTH (Must be minimum age by first day of session)	
PARENT/GUARDIAN NAMES	
ADDRESS	
PHONE NUMBERS	HOME: CELL:
EMAIL ADDRESS	
BEST WAY TO REACH YOU	<input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email
EMERGENCY CONTACT INFORMATION	Contact Name: Phone Number: Relationship:
ALLERGIES (Snacks will be provided each day of camp)	
HOW DID YOU HEAR ABOUT US?	

CHOOSE A SESSION FOR YOUR STAR: See website for session descriptions

SUMMER STARS 1 (Ages 6 - 8) \$90

SUMMER STARS 2 (Ages 3-5) \$90

Please mail completed registration form along with 50% deposit (\$45) to the address below. The balance will be due on or before the first day of the session.

Wish Upon a Star Dance Company
c/o Amy Moore
491 Main Street
Ashland, MA 01721

WAIVER: I understand that there is risk involved with any physical activity. I agree that I will not hold any staff member of Wish Upon a Star Dance Company liable for injuries sustained while participating in class. I have read company policies and agree to comply with them.

Parent/Guardian's Signature _____ Date _____