



TATIANA AKINFIEVA
DANCE ACADEMY

Summer Daze Dance Camp Registration 2014

Tatiana Akinfieva Dance Academy



DIAMOND DANCE COMPANY

Dancer Name		Phone Number	Address	
DOB	Age	Parent/Guardian	Emergency Contact	
BEST email address (please write neatly)				
Has the student had any serious physical injuries? If yes, please explain.				
Does the student have any mental, emotional or physical conditions that might affect or impair his or her ability to participate in dance training? If yes, please explain.				
Is the student allergic to any medications? If yes, please explain.				
Insurance Company _____ Policy Number _____				
Group Number _____				
Number of years of dance experience. _____				
Please select the appropriate dance camps:				
TADA Summer Dance Camp-Dance level 1-4 (please circle level, style, and weeks attending)				
Contemporary Camp - Dance 1-4 Mon.-Wed. June 30, July 1 & 2		5:00-6:15 - Dance 1 & 2 6:15-8:00 - Dance 3 & 4		D 1 & 2 \$40 D 3 & 4 \$55
Ballet 1 & 2 Tues-Thurs (3wks) June 24-26, July 8-10 & 22-24		5:00-6:45	\$140.00	3: \$140 2: \$95 1: \$50
Ballet 3 & 4 Mon-Thurs. (4wks) June 23-26, July 7-10 & July 21-24, August 11-14		6:45-8:45	\$235.00	4: \$235 2: \$135 1: \$70
Frozen Camp: Ages 3-7				
June 23-26		10:00 - Noon	\$75.00*	Sign up for both weeks: \$145.00
Under the Sea~ Little Mermaid: Ages 3-8				
July 28-31		10:00 - Noon	\$75.00*	
Creative Movement: Ages 2-3				
June 23-26		9:00-10:00	\$45.00	Sign up for both weeks: \$85.00
July 28-31		9:00-10:00	\$45.00	

In signing this registration form on behalf of my minor student, I understand that tuition is due on or before the first day of the dance session. Payments may be mailed to TADA, 44 N. Walnut Street, Milford, Delaware 19963, or can be made by credit/debit card, cash, or check prior to participation in the first class of the session.

I agree that my minor student will abide by the studio rules TATIANA AKINFIEVA DANCE ACADEMY AND/OR DIAMOND DANCE COMPANY. I consent to my minor student participating in the Company's programs and activities.

I recognize that in spite of the care of the Company and its staff, there is a possibility of injury during classes. In the case of such an injury to my minor student, I release TATIANA AKINFIEVA DANCE ACADEMY AND/OR DIAMOND DANCE COMPANY, its staff and associated personnel from all responsibility.

In the event of injury to my minor student which requires emergency medical attention, I permit the Company to obtain such care and I promise to pay all associated costs upon receipt of the bill. I understand TATIANA AKINFIEVA DANCE ACADEMY AND/OR DIAMOND DANCE COMPANY is not responsible for any student outside of the studio.

SIGNATURE _____ DATE _____

I consent to TATIANA AKINFIEVA DANCE ACADEMY AND/OR DIAMOND DANCE COMPANY'S use of all photos and biographical information of my minor student for publicity and programs.

SIGNATURE _____ DATE _____

Please use the back of this form for any additional information you may need to share with the TADA staff