

-----Ingrid's Dance Theater Inc-----
 14257 Midlothian Turnpike
 Midlothian Virginia 23113
 -----Summer Registration Sheet 2006'-----

Parents Name _____
 Address _____
 City _____ Sate _____ Zip code _____
 Home Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____
 Work # _____ - _____ - _____ (Mother) / Work # _____ - _____ - _____ (father)
 Email address _____ Emergency Contact _____
 Relationship to Dancer _____ Phone # _____ - _____ - _____

Student(s) Name1. _____ D.O.B. _____
 2. _____ D.O.B. _____
 3. _____ D.O.B. _____

| | <u>CLASSES</u> | <u>COST</u> |
|----|-----------------------|-------------|
| 1. | _____ | ----- |
| 2. | _____ | ----- |
| 3. | _____ | ----- |
| 4. | _____ | ----- |
| 5. | _____ | ----- |
| | Registration Fee----- | \$ 8.00 |
| | Total----- | \$ _____ |

Paid: Cash _____ Check # _____ ChargeMC/VI _____ - _____ - _____
 Exp date _____ - _____ Signature _____

There is no payment plan for summer session .
There are NO REFUNDS once fees have been paid for unless a class had been cancelled by the Artistic Director.
There is a \$15.00 fee for any returned checks.

Medical Release: I (We) _____ the parents of _____ do hereby declare that we will not hold Ingrid's Dance Theater Inc. liable for any injury, accident or damage to any persons named above or otherwise or any property due to any cause that may occur indoors or within the vicinity of Ingrid's Dance Theater, Inc.

I _____ authorize Ingrid's Dance Theater Inc. and its representatives to secure medical attention and care for my child(ren) _____ in the event of illness or injury. Understand that every effort will be made to contact the parents first in case of an emergency.

Medical Insurance Carrier _____ Poilicy # _____
 Family Doctor _____ Phone # _____ - _____ - _____
 Any Allergies _____