

SUMMER 2008		
Off Broadway Dance Theatre Summer Registration Form		
Student Name		
Address		
City	State	Zip Code
Tel #1	Tel #2	
Email:		
Name: Parent/Guardian #1		
Occupation:		
Name: Parent/Guardian #2		
Occupation:		
In case of emergency, please notify		
Emergency telephone		
Student's age (as of 9/1)	Birth Date	
Programs or curriculum choices: Baby Ballerinas – Week 1 2 3 4 <input type="checkbox"/> Dancing Divas – Week 1 2 3 4 <input type="checkbox"/> Junior Dance Camp <input type="checkbox"/> Teen Dance Camp <input type="checkbox"/> Improvapalooza Camp <input type="checkbox"/> Mary Poppins Camp (Juniors Only) <input type="checkbox"/> Rent Camp (Teens Only) <input type="checkbox"/> Summer Stock Intensive Program <input type="checkbox"/>		
Previous training? Please list past experience in theatre or dance (include styles and number of years)		
Name of previous schools:		
Any health or physical restrictions?		
How did you hear about our school?		

AS THE LEGAL PARENT OR GUARDIAN, I RELEASE AND HOLD HARMLESS OFF BROADWAY DANCE THEATRE, ITS OWNERS AND OPERATORS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY THE PARTICIPANT AND/OR THE UNDERSIGNED, WHILE IN OR UPON THE PREMISES OR ANY PREMISES UNDER THE CONTROL AND SUPERVISION OF OFF BROADWAY DANCE THEATRE, ITS OWNERS AND OPERATORS OR IN ROUTE TO OR FROM ANY OF SAID PREMISES.

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Signature of Parent or Guardian

\_\_\_\_\_  
Date