



Student's Name: _____

Address: _____

City _____ State _____ Zip _____

Age: _____ Birth Date: _____ Home Phone: _____

Mother's Name: _____ Cell Number: _____

Email: _____

Father's Name: _____ Cell Number: _____

Email: _____

If you cannot pick up your child from dance, please list the names of the people authorized to do so:

Please list any known allergies or other medical concerns necessary:

For which classes would you like to register?

SEDA Agreement

South East Dance Academy and its employees are not responsible for any accident or injury resulting from participating in dance or acrobatics, damages or loss of property, which may occur on or about studio premises or at any activities, related to South East Dance Academy. Tuition is non-refundable if the child withdraws from the camp or class for any reason. A \$25.00 service charge will be assessed for a check returned for any reason. I hereby give permission for images of my child, captured during class and camp through video, photo and digital camera, to be used solely for the purposes South East Dance Academy promotional material, newsletters, websites and publications, and waive any rights of compensation or ownership thereto.

I accept the conditions of the South East Dance Academy policies:

Signature (Parent or Guardian if student is under 18) Date: _____

Deposit of \$25.00 due with the Registration Form

Mail Payments to:

South East Dance Academy
220 Avondale Ave. Suite 101
Wilmington, NC 28403
(910) 791-7660
www.SEDAdance.com