PERFORMER'S EDGE ENROLLMENT CARD **SUMMER SESSION 2011**

(Please Print)

Student's Name_____Sex F / M Birthdate_____Grade _____
(Last) (First)

Parent/Guardian_____Home#_____Work#_____Cell#_____

Address_____City_____Zip_____

E-Mail Address_____Emergency Contact_____

Summer Tuition_____ Registration Fee_____ 1st Pymt due_____
(New Students only)

Camp	**Week**	**Time**	**Fee**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____
		Cash/Ck/Visa/MC	_____

Medical Risk & Waiver - I hereby give my permission for my child to participate in the activities of the Performer's Edge, Inc. classes, workshops & camps. I release Performer's Edge, its officers and employees from any responsibility for any accident or injury that could occur. I have alerted the staff of any problems or medical restrictions that my child has. I am aware that any dietary concerns should be covered by myself and controlled by providing a proper snack.

Guardian's Signature Date

Performer's Edge Dance Theatre
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Carmel, IN 46032
317-573-8085
www.PerformersEdgeDanceTheatre.com **www.BalletTheatreofCarmel.org**