

No Limits Dance Studio

Summer 2019 - 2020 Registration Form

Name of Student
(First & Last): _____

Nickname: _____

Date of Birth: _____

Cell Phone: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Please advise us of any medical conditions/food allergies that
may affect the student's participation:

Summer Camp Registering For

Mother's Name (First & Last): _____

Home Address: _____

City/State/Zip: _____

Mother's Cell #: _____

Mother's Email: _____

_____ (Initial) I understand that correspondence is done
primarily by email.

Mother's Occupation: _____

Work Phone Number: _____

Father's Name (First & Last): _____

Home Address: _____

City/State/Zip: _____

Father's Cell #: _____

Father's Email: _____

_____ (Initial) I understand that correspondence is done
primarily by email.

Father's Occupation: _____

Work Phone Number: _____

Name of Responsible Party if different than above parents: _____

Address of Responsible Party: _____

City/State/Zip of Responsible Party: _____

Relationship of Responsible Party to the Student: _____

Referred By (Name of family/student who referred you to NLD): _____

Emergency Name (Other than Parents): _____ Emergency Phone #: _____