

# THE GRIFFITH ACADEMY

Girls Who Love to Move 1 Registration Form 2024

**July 8 - 12**

(Girls entering Grades 3-6 in Fall of 2024)

Camp will run from 9 a.m. to 4 p.m. each day at the Griffith Academy Studios

**Student Information** (One student per Form)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade entering in Fall 2024: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Cell phone (over 16) \_\_\_\_\_ Student email (over 16) \_\_\_\_\_

**1. Parent/Guardian Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Parent/Guardian Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide name of person picking up if other than Parent/Guardian \_\_\_\_\_

**Medical Information:** Asthma Yes:  No:  If yes, Use of inhaler: Yes:  No:

Allergies \_\_\_\_\_

Current or chronic medical conditions/injuries \_\_\_\_\_

**Dance Experience:** Years Completed at Griffith Academy \_\_\_\_\_ Number of GWLTM Camps attended previously \_\_\_\_\_

**Liability Disclaimer:**

The Griffith Academy will not be held responsible for any health problems or for any accident resulting from a student's negligence, or from failure to inform the Academy of any condition affecting a student's health, either on this form or during the period of lessons.

Initial: \_\_\_\_\_.

**Photo Release Consent:** I authorize, acknowledge, and give consent to the Griffith Academy for the taking of photos and video and the possible use of these materials in print and digital media associated with the Griffith Academy for the above named student. This release is valid unless expressly revoked by the undersigned in writing.

**Payment Information:** Enrollment will be limited for summer classes this year. **Tuition (\$325) is payable by cash or check and must be included with your registration form.** You may drop this form with payment in the upstairs box at the Studio or mail to:

**Griffith Academy**  
**31 Middletown Avenue, Wethersfield, Ct. 06109.**

Parent or Guardian Signature: \_\_\_\_\_