

THE GRIFFITH ACADEMY

Storybook Dances Registration Form 2025

June 23 - 27

9:00 a.m. to 3:00 p.m. - ages 5, 6 and 7

Student Information (One student per Form)

First Name: _____ Last Name: _____

Date of Birth: _____ Grade Entering in Fall of 2024: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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 _____

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 (\$300) 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: _____