

Summer Intensive Registration Form 2021

Prizewinner/Preliminary Champion

Name _____
Date of Birth _____
Address _____
Parent's Names _____
Home Phone _____
Cell Phone _____
Email _____
Current Feis Category _____

Allergies: _____

Asthma: YES/NO

If "yes", do you use an inhaler? _____

Please list any current and/or chronic dance injuries: _____

Liability Disclaimer:

→ If my child exhibits fever, shortness of breath, cough, chills muscle pain, sore throat, loss of taste or smell, or has been exposed to someone who has COVID-19, I will not bring my child to class. **Initial:** _____.

→ If my child displays any of these symptoms while at the Griffith Academy, he/she will be sent home. **Initial:** _____.

→ I will not hold The Griffith Academy or it's Staff liable should a student or family member contract COVID-19. **Initial:** _____.

→ 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:** _____.

Registration and Tuition – **Due by May 2nd**

Monday – Friday, June 14 - 18 (4 p.m. to 6 p.m.)

Cost \$150

Please make checks payable to the Griffith Academy You may bring your registration form to class or mail it to
31 Middletown Avenue, Wethersfield, CT 06109

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Signature of Parent or Guardian _____