

LEVEL \_\_\_\_\_

# Dance Institute of The University of Akron

Akron, Ohio 44325-1005 330-972-7949

## SUMMER REGISTRATION – Current Student

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age as of 6/1 \_\_\_\_\_ Birth date (month, date, year) \_\_\_\_\_

Academic School \_\_\_\_\_ Grade in fall \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent: Name: \_\_\_\_\_ : \_\_\_\_\_ Student: \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

e-mail \_\_\_\_\_

**Fees:** To reserve a place in class, return this form with the first installment.

### Note of Financial Responsibility

As a parent/guardian of \_\_\_\_\_, a minor,

I assume full responsibility for payment of fees to the Dance Institute of The University of

Akron in the amount of \$ \_\_\_\_\_, which is the fee for the \_\_\_\_\_ class level.

I agree to pay this fee as indicated:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF PARENT IS EMPLOYED AT THE UNIVERSITY OF AKRON:**

Dept. \_\_\_\_\_ Mail +4 \_\_\_\_\_ Ext. \_\_\_\_\_

Attending: Entire Session, or: 1 2 3 4