



Dance as Worship

ONE DAY ACADEMY

REGISTRATION

Date: _____ ODA #: _____

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City/State: _____ Zip: _____

email: _____

Home phone: _____ Cell: _____

Emergency contact: _____ Phone: _____

Dance experience: _____

Church affiliation (optional): _____

What you hope to accomplish from this dance experience: _____

Registration Fee is \$20 per family. Please send payment to:

Sheri Reeves
11500 Tibee Drive
Austin, TX 78726

Disclaimer:

I understand that this class involves physical activity and as such does carry some risk of injury. I agree to not hold Sheri Reeves, One Day Academy or the Churches that house this program responsible should such injury occur.

Parent Signature and Date

