

Dance Technics Registration Form
Registration Year _____

Students Name: _____ Parent(s) Name _____

Studio Location: (Merrimac, MA or Plaistow, NH) _____

Students Date of Birth: _____

Mailing Address:

Street: _____

City or Town: _____ Zip: _____

Phone: _____

Email: _____

Classes Enrolling in: 1.) _____ 2.) _____

3.) _____ 4.) _____

5.) _____ 6.) _____

7.) _____ 8.) _____

How did you hear about us? _____

Emergency Contact Information:

Name: _____

Phone: _____ Cell: _____

Any allergies or conditions that your child may have that we should be aware of) ex-ADHD, hearing impaired) _____

Please Read

For your comfort and safety, it is recommended that proper dance/exercise attire and shoes be worn during class. As there is an inherent risk of injury in any type of physical activity, it is suggested that anyone taking a new exercise regimen should consult with his or her physician first.

Release

As a condition of my enrollment and participation in any class at Dance Technics, I hereby release Valerie Cagnina, Dance, Technics, and its personnel from any liability which may or could occur to any or all of them by reason of any personal injury or property damage suffered by me or my children, regardless of the cause or alleged cause of such personal injury or property damage.

Return check fee: \$25.00

No refunds

Signature: _____ Date: _____