

# DANCE WORKSHOP GROUP LLC

## \*2015-2016 REGISTRATION FORM\*

(Please Print)

Please mail to: Dance Workshop, 333 Columbia Road, Hanover, MA 02339					
STUDENT INFORMATION					
Student's Last Name:		First:	Middle:	School Grade Entering in Sept:	
*Registration Fee: \$25 Student	EMAIL: \$45.00 per Family	Birth date: / /		Age in Sept:	
Street address:			Cell phone number:	Home phone number:	
P.O. Box		City:	State:	ZIP Code:	
Parent Names:			Emergency Phone (   )		
I was referred to dance studio by (please check one): _____					
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Facebook, social media <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Web					
*Non-Refundable Registration Fee					

Please list prior dance experience & schools:					
Dance:		Gymnastics/Athletics:		Pre-K Group Activities:	
Scheduling Conflicts for Classes?					
1.	2.	3.			
Medical Information/Allergies: (Please be specific)					
Additional notes:					
OFFICE NOTES:					

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to student:	Home/Cell phone: (   )	Work phone no.: (   )
<p><b>Waiver of Liability:</b> The above information is true to the best of my knowledge. I agree to respect the company's policies. I will not hold Dance Workshop Group LLC /Dance Workshop of Hanover, faculty, contractors or employees liable for injuries or illness sustained while at any time my child participates in classes or studio related activities. I release the right to use my child's image/photographs/videos for promotional purposes including Facebook, Instagram, Youtube, other social media and printed brochures/mailers.</p>			
Patient/Guardian signature		Date	