



Monthly Tuition: \_\_\_\_\_  
 Number of Costumes: \_\_\_\_\_  
 Costume Amount: \_\_\_\_\_

# 2009-2010 REGISTRATION FORM

Please print ALL information neatly. Annual registration fees are \$18 for new students and \$15 for returning students. Please enclose registration payment with form. Please fill out one form per family, as there is ample space to list all dancers on this form.

	DANCERS NAME	D.O.B	AGE	GRADE	CLASS DAY / TIME
1 <sup>ST</sup>					
2 <sup>ND</sup>					
3 <sup>RD</sup>					

Please indicate which studio you are attending: **Pembroke / Halifax / Marshfield**

How did you hear about us?: \_\_\_\_\_ Please Circle: **New Student \$18 / Returning \$15**

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Years of Previous Dance Experience: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address (if different from above) \_\_\_\_\_  
 Mother Father

Parent Phone: \_\_\_\_\_ Parent Cell/Work Phone: \_\_\_\_\_

**Emergency Contact Information (other than parent):**

Name /Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing Information: (If different from parent information)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**WAIVER OF LIABILITY**

I, the undersigned parent or legal guardian of the dancer (s) listed above, do hereby give permission for the aforementioned persons to participate in any and all classes, programs, shows, and events offered by or attended by A Dancers' World Studio of Dance Education. I hereby accept all risks associated with that participation and understand that there is a full possibility of serious physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against A Dancers' World Studio of Dance Education and its owners, officers, directors, employees, and/or other assigned representative or volunteers from any and all liability and for any and all damages and/or injuries which may be sustained or suffered by the dancer (s) listed above while participating at or for A Dancers' World Studio of Dance Education. Furthermore, I hereby give my permission to A Dancers' World Studio of Dance Education to use photography and/or videos of the dancers (s) listed above as deemed appropriate for the promotion of A Dancers' World Studio of Dance Education.

**A Dancers' World Studio of Dance Education Rules and Regulations**

My signature below indicated that I have read, understand and will abide by all general rules and regulations that are set forth by A Dancers' World Studio of Dance Education and its owners, employees and directors and any additional rules or requirements as set forth throughout the year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Halifax Studio \* 150 Industrial Dr. \* Halifax, Ma 02338 \* 781-294-8706  
 Pembroke Studio \*125 Center St. P.O Box 88 \* Pembroke, Ma 02359 \* 781-294-7969  
 Marshfield \*822 Webster St. ( Marshfield Ctr.)\* 781-834-9161

Office Use Only!!	Date Registered: _____	Payment Type	Check # _____	Cash _____
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