



Main Office
150 Industrial Drive
Halifax, Ma 02338
www.adancersworld.net

Please Indicate which studio you are attending:
Pembroke / Halifax/ Marshfield
Please Circle: New Student \$18 / Returning \$15

Halifax(781) 294-8706
Pembroke (781) 294-7969
Marshfield (781) 834-9161
Adancersworldinfo@gmail.com

2011-2012 Registration Form

Please print ALL information neatly. Enclose registration payment with form. Please fill out one registration form per family, as there is ample space to list all dancers on this form.

Last Name: _____
Address: _____
City: _____ Zip: _____
E-Mail: _____
Home Phone: _____
Cell: _____

Costume Information

Costume Info.	Child/Adult	#Costumes	Amt. Per Costume	Total
Recital				\$.00
Competition				\$.00
Billing ↓				Total Costume Amount
				\$.00

Parent Name _____
Mother _____ Father _____

Month Tuition Payments Ck# Date
September
Reg Fee
Credit Card on file Name: _____
Credit Card # _____
Exp. _____ 3-digit code: _____
Credit card will be charged if monthly tuition is not received by the 10th of each month
Signature: _____

Emergency Contact Information (other than Parent)
Name/Relation: _____ Phone: _____
Billing Information: (If different from parent information)
Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____

Class Information (Please Circle Class)

Tumble Tots	Creative Movement	Pre-dance	Kinder-dance	Minnie Hip Hop	L 1 Combo	L 2 Combo
L ^{3/4} Combo	L ^{3/4} /5/ Ballet	L ^{1/2} Hip Hop	L ^{3/4} / Hip Hop	L5/6 Hip Hop	L4/5/6 Lyrical	L5/6 Tap
L5/6 Jazz	L 5/6 Tap	L7/8/9 Tap	L 7/8/9 Jazz	L7/8/9 Hip Hop	L7/8/9 Lyrical	L6/7/8 Ballet
L7/8/9/Hip Hop	L7/8/9 Lyrical	L 10-12 Tap	10-12 Jazz	L 10-12 Hip Hop	L10-12 Lyrical	Pointe
L9/10/11/12 Ballet	Acro	Inter Irish	Company A	Company B	Company C	

Dancer	D.O.B	Age	Grade	Class Day/Time
1 st _____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____

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 the 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 Education and its owners, officers, directors, employees and or other assigned representation or volunteers from any and all liability and for 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 dancer (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 Regulation

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 director and any additional rules or requirements as set forth throughout the year.

Parent/Guardian Signature : _____ **Date:** _____