

Northampton School of Dance

141 Damon Road, Suite E
Northampton, MA 01060

REGISTRATION FORM 2018-2019

	Dancer's Name	Date of Birth	Dancer's Email Address
1st		/ /	
2nd		/ /	
3rd		/ /	

Parent's Names: _____

Address: _____

City/Zip: _____

Home Phone: _____

Work Phone: _____

How did you hear about us? _____

Email Address: _____

In case of emergency contact: _____

Doctor's name and phone #: _____

Allergies: _____

Classes Registering for:

1.	4.
2.	5.
3.	6.

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 Northampton School of Dance. I 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 Northampton School of Dance and its offices, owners, employees and/or other assigned representatives 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 Northampton School of Dance.

I give my permission for the dancer(s) listed above to take classes at Northampton School of Dance.

I also agree to pay \$_____ at the first class of every month. Negligence in payment will result in late fees and/or my student(s) being removed from class.

Signed: _____

Date: _____