A-B Dance Center REGISTRATION FORM: 2010-11

PLEASE PRINT CLEARLY. YOU MAY REGISTER UP TO THREE SIBLINGS ON THIS FORM BUT PLEASE COMPLETE REQUESTED INFO FOR EACH CHILD. PLEASE INCLUDE YOUR EMAIL ADDRESS. MOST OF OUR CONTACT IS DONE THROUGH EMAIL. **THANK YOU.**

(1) (2) (3)

STUDENT(S) LAST NAME FIRST NAME(S)

ADDRESS PARENT OR GUARDIAN NAME

TOWN / STATE / ZIP HOME PHONE

PARENT EMAIL WORK / CELL PHONE

(1) (2) (3) (1) (2) (3) (1) (2) (3)

STUDENT(S) DATE OF BIRTH AGE(S) ON SEPT 1 CURRENT GRADE(S) IN SCHOOL

EMERGENCY CONTACT NAME EMERGENCY PHONE

CLASS(ES) REQUESTED	STUDENT FIRST NAME	DAY	TIME	
1)				❑
2)				❑
3)				❑
4)				❑
5)				❑
6)				❑
7)				❑
8)				❑

TOTAL CLASS FEES $ _____

REGISTRATION FEE: $ _____ (Annual registration fee is $10 per student, per class with a maximum of $50 per family)

AMOUNT ENCLOSED $ _____

PLEASE MAKE CHECK PAYABLE TO GARY SAMPERI AND MAIL TO:

Acton-Boxborough Dance Center, P.O. Box 2697, Acton, MA 01720

Assumption of Risk Agreement and Release

Realizing and understanding that all reasonable precautions are being and will be taken to ensure the safety of the undersigned's child(ren), the undersigned assumes all responsibility for and all risk of damage or injury that may occur to the undersigned and /or undersigned parent's/ guardian's child(ren) as a participant in any activity occurring under the auspices of the Acton-Boxborough Dance Center while participating in activities or using dance studio's facilities or following instructions in or out of the dance studio location. In consideration of being accepted as a student or being a parent or legal guardian of a student, the undersigned hereby releases and discharges the dance studio and agents from all claims, demands, rights or causes of action present or future, whether known, anticipated; and resulting from or arising out of or incident to, the undersigned's use or undersigned parent/guardian's child(ren)'s use (or intended use) of the dance studio location or facilities or equipment, or transportation or vehicles in such a place or as a result of, or incident to, engaging in Acton-Boxborough Dance Center's dance activities.

I have read and understand and sign the foregoing Assumption of Risk Agreement and Release.

SIGNATURE (Parent/Guardian) DATE

Acton-Boxborough Dance Center
P.O. Box 2697
Acton, MA 01720

Directors
- **Hayley Samperi**
- **Jacqueline Martin SooHoo**

Contact Information

Phone: (978) 264-0100

Fax: (978) 264-9778

Email: abdancecenter@verizon.net

Web Site: www.ABDanceCtr.com

NEW STUDENTS:
Please describe previous dance experience:

_____
_____
_____
_____
_____
_____
_____

RETURNING STUDENTS:

This will be my ____ year dancing at A-B Dance Center.

For office use only:

Total Hours:

Term 1 _____

Term 2 _____

 # Costumes _____

Term 3 _____

Final Costume Charge
$ _____