

# A-B Dance Center

# REGISTRATION FORM: 2011-12

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.**

STUDENT(S) LAST NAME			(1)	(2)	(3)	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) _____	_____	_____	_____	<input type="checkbox"/>
2) _____	_____	_____	_____	<input type="checkbox"/>
3) _____	_____	_____	_____	<input type="checkbox"/>
4) _____	_____	_____	_____	<input type="checkbox"/>
5) _____	_____	_____	_____	<input type="checkbox"/>
6) _____	_____	_____	_____	<input type="checkbox"/>
7) _____	_____	_____	_____	<input type="checkbox"/>
8) _____	_____	_____	_____	<input type="checkbox"/>

<b>TOTAL CLASS FEES</b>	\$ _____	(Annual registration fee is \$10 per student, per class with a maximum of \$50 per family)
<b>REGISTRATION FEE</b>	\$ _____	
<b>COSTUME DEPOSITS</b>	\$ _____	
<b>AMOUNT ENCLOSED</b>	\$ _____	

**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

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**Director**  
 Hayley Samperi

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**Contact Information**  
 Phone: (978) 264-0100  
 Fax: (978) 264-9778  
 Email: [abdancecenter@verizon.net](mailto:abdancecenter@verizon.net)  
 Web Site: [www.ABDanceCtr.com](http://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**  
 \$ \_\_\_\_\_