

REGISTRATION FORM

MAILING ADDRESS: STUDIO: 276 Park Street, North Reading 01864

OFFICE: 11 Grey Coach Rd. Reading 01867

Please complete information below.

Last Name: _____ First Name: _____

Address: _____ Town: _____ Zip: _____

Phone: Home _____ Work/CELL _____

E-MAIL : (PLEASE PRINT CLEARLY) _____

Cell #: (emergency contact) _____

Entering Grade: _____ D.O.B _____ Medical Concerns: _____

Release/Waiver of Liability

_____, is granted permission to participate in dance classes at The Dancing School. I understand what this program involves and believe that the forenamed person is in proper physical condition for participation. I will see that the participant has all required equipment and will attend class regularly for the year and will pay required tuition when due. I will read and follow notices and school policies to keep informed and understand tuition payments. If I choose to participate in concert I will follow all rules. I give permission to use any dance photos for publicity purposes. I/We do further hereby release, absolve, indemnity and hold harmless The Dancing School, its staff, volunteers and any other officials. In the event of emergency requiring medical attention (beyond first aid), I hereby grant permission to a physician or hospital personnel designated by The Dancing School to attend to the a forenamed person. I have read and fully understand this Release/Waive.

Parents/Guardian Signature _____ Date: _____

CLASS SELECTION

To register simply check-off the classes you would like to be included in on schedule or write in classes below. Return completed form with required registration fee of \$25.00 per student Confirmation and registration materials will be e-mailed prior to beginning of classes. Please be sure to include your clearly printed e-mail address.

Checks to: Leone Simkins

Mailing address: 11 Grey Coach Road, Reading, Ma 01867

Additional schedules and registrations are available at www.thedancingschool.com.

Return by snail mail, e-mail. fax (781-944-1760).

Class Day/Time

CLASS REQUESTS? _____

To Pay by Visa or MasterCard please fill in form: Include registration fee and

1st months tuition: Method of Payment: Visa, MasterCard, Discovery

Ch # _____ ex. date: ____/____/____

Name on card _____ Amount _____

CHARGE MY REG FEE AND SEPT TUITION ONLY

CHARGE REG FEE & TUITION EACH MONTH