



DANCE ACADEMY

173 Grove Street Worcester, MA 01605

To register: Complete this form. Mail or stop by with form during registration hours. Must include registration fee and first month tuition. Registration Fee: \$25--Family: \$40

PLEASE PRINT NEATLY--FILL OUT BOTH SIDES OF FORM

Student 1: Name (First/Last) _____

Date of Birth _____ Age as of September 1 _____ Grade in School: _____

Years of dance taken _____ Where _____

Student 2: Name (First/Last) _____

Date of Birth _____ Age as of September 1 _____ Grade in School: _____

Years of dance taken _____ Where _____

Mailing Address Street _____

City-State-Zip _____

Parent/Guardian Names _____

Home # (____) _____ - _____ **Cell #** (____) _____ - _____ **Cell #** (____) _____ - _____

Student Cell # (____) _____ - _____ **Student Email** _____

Parents Primary Email Address _____

(Please provide an email that is checked frequently, as we use this as our main form of communication)

Emergency Contact _____ **Phone #** _____ **Relation** _____

Referred by _____

OR How did you hear about our Academy _____

Class(es) you are registering for:

CREDIT CARD INFORMATION: card will only be used if payment is not made by the 10th of the month.

Card # _____ **Expiration date** _____ **Security Code** _____

Billing Zip Code _____

Name on Card _____

Is there any thing about your child(ren) that would help us instruct him/her better?

YES (please explain) NO

Waiver:

We, the staff at PZ Dance Academy, recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release PZ Dance Academy and all its employees from all claims on account of any injury which may be sustained by your child while attending any dance class, event associated with PZ Dance Academy or outside performance, including but not limited to conventions, competitions and recitals. In signing this waiver, you also acknowledge your responsibility in paying monthly tuition, any associated costumes, entry fees for performance, competition, all other communicated costs involved. You also authorize the PZ Dance Academy to charge your credit card on file if payment is not received by the 10th day of the month You also affirm you now have, and will continue to carry proper primary medical, health, hospitalization, accident insurance, which you consider adequate for the protection of both your child and PZ Dance Academy.

Parent's Signature _____

Please Print Name _____

Date _____