

Fall Registration Form

Please print this registration form and mail it to:
Backstage Dance Center
300 Eliot Street
Ashland, MA 01721

(Registration fee of \$20/student and 1st installment are due & payable upon acceptance)

Student's Name: _____

Date of Birth: ___/___/___

Grade in Sept.: _____

Allergies/Medical Concerns: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Telephone: Home: _____ Business: _____

Email: _____

If you are a new student, how did you hear about Back Stage Dance Center? (Be specific please): _____

Class interest: _____

Day & Time: _____

Class interest: _____

Day & Time: _____

Class interest: _____

Day & Time: _____

Waiver of Liability

I agree that I will not hold any faculty member or employee of Backstage Dance Center liable for injuries sustained or illnesses contracted by me while a student participating in the activities of the above.

I agree to abide by the rules and regulations. I have read the above policy statements and waiver of liability and hereby agree to comply with them.

Backstage Dance Center reserves the right to use student photos and class or performance videos for business purposes.

Applicant signature: _____
(Parent/Guardian)

Date: _____