

# *Backstage Dance Center*



**Summer Registration Form**  
300 Eliot Street, Ashland, MA 01721  
508-881-8226

**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_ **TEL#:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Are you a new student? YES NO (circle one)**

**EMERGENCY TEL#:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

<b>CLASS</b>	<b>TIME</b>	<b>DAY</b>	<b>FEE</b>

**Return form with tuition payments (in full) NON-REFUNDABLE**

## **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 any activity at Backstage Dance Center. I agree to abide by the rules and regulations. I understand that all fees are non-refundable. 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 class or stage photos for business purposes.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Parent/Guardian