

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:** _____

CLASS	TIME	DAY	FEE

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