

(One form per dancer)

Seekonk Dance Center
Registration Form
2017-2018

Student Name _____ Age _____ Birthdate _____
Street Address _____
City _____ State _____ Zip _____

Contact Emergency Information

Name _____
Daytime Phone _____ Evening Phone _____
Cell Phone _____ Email Address _____

Person responsible for payment (if not same as above) _____
Address _____ Phone # _____

Emergency Contact (other than parent/guardian) _____
Relationship to student _____ Phone _____ Cell Phone _____

Does student have an IEP or need assistance to participate? NO ___ YES ___
If yes, please explain _____

Describe any other medical condition you feel we should be aware of (diet restrictions, asthma, etc.) _____

Dance History

New Students - How did you hear about us? _____
Is this the students first year of dance? _____
Years of dance training completed? _____

PHOTOGRAPHIC RELEASE

I agree that my child's picture or likeness can be represented and published in any Seekonk Dance Center publication or media.

I _____ have enrolled _____ in a program of strenuous physical activity,
Parent name *student name*

Offered at Seekonk Dance Center. I hereby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program. In consideration of myself, my heirs and assigns, hereby release the Seekonk Dance Center, the owner Shannon Ashton, her family or employees, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during, or after participation in any other above stated programs offered at Seekonk Dance Center or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by Seekonk Dance Center, the owner Shannon Ashton, her family, or employees, for any reason. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Parent/Guardian _____ Date _____

Turn over

I am enrolling _____ for Seekonk Dance Center 2017-2018 dance session.
student name

I understand tuition is due by the first day of each month. There are no refunds given for any reason. I understand that if my child withdraws from the program, that all fees and deposits are 100% nonrefundable.

Signature _____ Date _____

By signing this form the parent/adult is assuming any and all responsibility for the student including financial obligations. The parent/adult has also received a copy of all studio policies, and has read and understands all policies.

Class Registration

Please list classes enrolling in for the 2017-2018 Dance Year

Class 1: _____ Class 2: _____
Class 3: _____ Class 4: _____
Class 5: _____

There is a \$20 per child or \$30 per family (siblings & parents only) nonrefundable registration fee per year. Enrollment will not be completed until registration fee is received. Thank you for registering with Seekonk Dance Center!!! We hope you have a wonderful year!

Mail forms to: Seekonk Dance Center
945 Taunton Ave.
Seekonk, MA 02771
Attn: Shannon Ashton

Please make checks payable to Seekonk Dance Center

Office Use Only:

Registration fee paid _____ Payment method _____ Check # _____ Collected
by: _____