

(One form per dancer)

***Seekonk Dance Center***  
***Registration Form***  
***Summer 2018***

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Emergency Information

Parent or Guardian \_\_\_\_\_  
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 Summer 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 2018 Summer Dance Session

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. If you are a dancer from the recital session from September -June of 2018 and have paid a registration fee for that session, you do not pay registration fee again. Thank you for registering with Seekonk Dance Center!!! We hope you have a wonderful summer!

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: \_\_\_\_\_