

REGISTRATION FORM

Name: _____ Phone: _____

Address: _____ Age: _____

E-Mail Address: _____

Class(es) desired: _____

Day and Time: _____

Mail to:
CARVER DANCE CENTER, INC
P.O. Box 203, Carver, Ma 02330

Please enclose \$35 per student (maximum \$65 per family) to insure placement in class of your choice.

The insurance companies are requiring a release form on all students. Please fill out this form and mail it in with the registration.

RELEASE FORM: _____

I certify that my child is in proper physical condition to take part in dance class. I realize that there are certain risks possible in the art of dancing. I agree to assume the risk of all injuries or damage that may arise from my child's participation in the dance classes at Carver Dance Center, Inc.

In consideration of the above, I hereby release and hold harmless Carver Dance Center, Inc., its teachers and director from and against any liability or claim for any property loss or injury sustained as a result of my child's participation in classes at Carver Dance Center, Inc.

I HAVE READ THIS RELEASE AND UNDERSTAND ITS MEANING

Signature of parent or guardian

Date

If your child has any medical conditions that you feel her/his teacher should be aware of, please list them here.
