

DANCE EXPRESSIONS
Confidential Student Registration Form
2017-2018 season

Please fill out the form below and mail it to:
DANCE EXPRESSIONS
885 Main St., Tewksbury, MA 01876

Student's Name: _____

Age _____ Date of Birth: _____ School Grade 9/17: _____

Address/Zip: _____

Home Telephone: _____

Parent's or Guardian's Name: _____

Daytime or Cell Phone: _____

E-Mail Address: _____

List any medical conditions that we should be aware of:

Referred By: Please let us know how you heard about Dance Expressions:

REGISTRATION \$25 registration fee (\$40 per family)
Discounted rate BEFORE June 1st \$15 registration fee (\$25 per family)
Must be paid to reserve class placement for each student

Please choose style of dance student would like to take: (circle all that apply)

New Explorers Creative Kids Tap Jazz Ballet
(Tap & gymnastics) (Tap, Jazz & Ballet)

Musical Theater Pointe Modern/Contemp Hip Hop BOYS

Cheer/Dance Tumbling Celtic Step Adaptive

Would you be interested in a competition dance team: YES or NO

*Class preference: (Please Circle)

Weekday (morning) Weekday (afternoon) Saturday

I (parent/guardian) hereby declare that I've received a brochure and have read it in its entirety. I understand and agree to abide by all policies set forth by Dance Expressions. I release & hold harmless Dance Expressions, its officers, directors, employees, agents, landlords, lessees from all liability from injury to my person or property. I also intend this release to apply to all future participation in any DE programs/ events including but not limited to recital, all outside performances, competitions etc. I do understand this is a hands on aspect of dance training for technical corrections. Student may decline participation in any activity they feel is harmful and is also responsible to inform the instructor of any physical limitations, which may prevent full participation in class. I also give permission for the use of any photos of my child for the use of advertising, website, brochures etc. and I know that there is no financial compensation for it.

X _____ Date: _____

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