

REGISTRATION FORM

FALL 2011 ~ SPRING 2012

Dance It Up!

36 No. Main St., No. Grafton, MA 01536

Telephone: (508) 839-1648

Please Print Clearly

Student Name: _____
Last first middle

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Emergency/Cell Phone _____

Billing via email? _____ Email Address: _____

Student Date of Birth: _____ Age as of 9/1/11: _____ Grade: _____

Does your child have any allergies or medical conditions we should be aware of? _____

THE CLASS SCHEDULE IS ON THE BACK FOR YOUR CONVENIENCE

Class	Day/Time	Payment Costume/Class
_____	_____	_____
_____	_____	_____
_____	_____	_____

Totals: _____

Registration Fee: (Non-Refundable) - \$25.00

Amount Paid: _____

STUDENTS MAY MAKE-UP MISSED CLASSES OR COMPLETE THE NUMBER OF CLASSES PAID IN THE EVENT OF WITHDRAWAL.

DISCLAIMER: Dance It Up! ,Inc. , and the instructors are not liable for personal injury, or loss or damage to personal property. Since exercise and dance are physical activities, injuries may occur. Any student may decline to participate in any activity which they deem to be harmful and must inform the instructor of any physical limitations which may prevent full participation in class. If there are any pre-existing medical conditions, please consult your medical provider.

Please check the following:

I _____ give _____ do not give my permission for my child's photos to be used _____ online _____ advertising _____ in studio

THERE WILL BE NO REFUNDS FOR CLASSES OR COSTUMES

SIGNATURE

DATE

THIS REGISTRATION FORM WILL NOT BE PROCESSED WITHOUT A SIGNATURE

Office Use: Book _____ DW _____