Return this form to: PO Box 115 N. Billerica, MA 01862

Signature_____

2021-2022 Dancing Arts Academy Registration Form

Dancer's First Name	Dancer's Last Name	Grade	D.O.B	
Address	City	State	Zip	
Primary Phone		E-mail	E-mail	
Parent/Guardian Name		Alt/Work	Alt/Work/Cell Phone	
Emergency Contact		Emergen	Emergency Contact Phone	
Allergies or other relevant r	medical info (optional but help	ful)		
Course Regist	<u>cration</u>		There is a \$20 registration fee pe student	
Course	Day	Time	Please make checks payable to: Dancing Arts Academy	
			First payments are due on September 13th, 2021	
			For detailed information please visit: www.dancingartsacademy.com	
photographs, videos, and dance activities, including I hereby assume all responsat Dancing Arts Academy. I guardian of a student, the all claims, demands, rights from or arising out of or in use (or intended use) of the such a place or as a result. I understand that I am responses	n consideration of being accepundersigned hereby releases or causes of action present or cident to, the undersigned's use dance studio location or factor, or incident to, engaging Datoonsible for reading and keepi	and/or sound reco and dance classes. njury that may occu oted as a student c and discharges the future, whether kr se or undersigned lities or equipment ncing Arts Academ	rdings made of my child at all r as a participant in any activity of being a parent or legal dance studio and agents from nown, anticipated; and resulting parent/guardian's child(ren)'s contransportation or vehicles in y dance activities.	
	and in the lobby at the studio.	se Dancing Arts Aca	idemy from any and all liability.	
i nave read and understan	u the above and hereby releas	se Dancing Arts Aca	idemy from any and all liability.	

Date _____