



2011-2012 REGISTRATION FORM

Student's Name _____

Age _____ (in Sept.) Grade Entering _____ Date of Birth _____

Parent(s) _____

Mailing Address _____

Home Phone _____ Emerg/Cell _____

Email _____

Please advise medical information, if any _____

Prior dance experience/studio _____

Before July 1st: \$20.00 per student / \$30.00 per family \$ _____

After July 1st: \$25.00 per student / \$40.00 per family \$ _____

Non-refundable Annual Registration Fee must be enclosed to reserve class spot.

Parent/Guardian Signature _____

waiver of liability: I have read the brochure and I agree to respect the school's policies. I will not hold Dance Workshop of Hanover, faculty or employees, liable for injuries or illness sustained while at any time my child participates in classes or studio related activities. I release the right for DWH to use photos/videos for promotional purposes.

**Please mail to: DANCE WORKSHOP OF HANOVER
333 Columbia Road, Hanover, MA 02339**

for further information, please call (781)829-0390

www.danceworkshopofhanover.com