

Configuration Dance Studio

REGISTRATION FORM

BILLING Name First _____ Last _____
Parent's Name First _____ Last _____
Mailing Address Street or PO Box _____ Town _____ State _____ Zip _____
Phone Home _____ Work _____ Cell _____ Email Address _____
Emergency Contact Name _____ Phone _____
Physician Name _____ Phone _____

STUDENT

Name _____ Date of Birth _____ Grade _____

CLASSES

<u>Class Title</u>	<u>Tuition</u>
_____	_____
_____	_____
_____	_____
_____	_____

Registration fee of \$25 _____

Total Tuition Due _____

Release and Consent

I, _____, being aware of my own physical condition and the risks involved, am voluntarily participating in vigorous physical activities that may include the use of body conditioning equipment at Configuration Dance Studio. I hereby affirm that I do not suffer from any condition or disability that would prohibit my participation in these activities. I fully understand that my participation in these activities may result in injury. I assume all risks connected therewith and consent to participate in said activities. I hereby release Configuration Dance Studio from liability for any injury or illness I may incur, now or in the future, as a result of participating in these activities.

I have read and agree to bound by the above statement.

SIGN HERE (Parent or Guardian if under 18 yrs old) _____ Date _____

49 Bank Street (South of Route 28, next to Harwichport Library) • Harwichport, MA 02646
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