



Use the other side to register additional siblings

978-975-7823
28 Hampshire Street
Lawrence, MA 01840
info@STADstudio.com
www.STADstudio.com

Summer Registration Form

PARENT/GUARDIAN INFORMATION

First Name Last Name
Address
City State Zip
Home Phone Cell Phone
E-Mail Address (Log In for On-line Account Access)
Other E-Mail Address
How did you hear about our school?
Primary Language: English Spanish

EMERGENCY CONTACT INFORMATION (OTHER THAN LISTED ABOVE)

Name Phone

STUDENT INFORMATION

First Name Last Name
Date of Birth Age Grade
Please list any medical conditions or physical limitations
List the classes you would like to register for:

*** PLEASE USE THE BACKSIDE OF THIS SHEET TO ENROLL ADDITIONAL FAMILY MEMBERS ***

WAIVER, RELEASE, AND ASSUMPTION OF ALL RISKS

I (parent or guardian) hereby declare that I have received a brochure and have read it in its entirety. I understand and agree to abide by all rules set forth by Shawn Terenzi's Academy of Dance. In recognition of the physical demands of dance and gymnastics, I hereby knowingly, freely, and voluntarily waive any right or cause of action of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to Shawn Terenzi, Shawn Terenzi's Academy of Dance, or its agents. I also understand that photographs/videos may be used for our brochure, website, and other advertising collateral.

X Date
(Parent/Guardian Signature)



Use this side to register additional siblings

978-975-7823
28 Hampshire Street
Lawrence, MA 01840
info@STADstudio.com
www.STADstudio.com

Student Information

First Name Last Name

Date of Birth Age Grade

Please list any medical conditions or physical limitations

List the classes you would like to register for:

Three horizontal lines for class selection

Student Information

First Name Last Name

Date of Birth Age Grade

Please list any medical conditions or physical limitations

List the classes you would like to register for:

Three horizontal lines for class selection

Student Information

First Name Last Name

Date of Birth Age Grade

Please list any medical conditions or physical limitations

List the classes you would like to register for:

Three horizontal lines for class selection