



Student's
Name: _____ Age _____ Birthday _____

Address: _____ Town: _____

Zip: _____ Home Phone: _____ Grade _____

Parent 1: _____ Cell # _____

Email _____

Parent 2: _____ Cell # _____

Does your Child have any Physical Limitations, Allergies, or Special Needs? _____

Please circle the Class you are interested in:

Footprints
(ages 2-4)

First Position
(ages 3.9-5yrs)

Please list the days/times you are NOT AVAILABLE to dance
please be as specific as possible

Mon _____ **Tues** _____ **Wed** _____

Thur _____ **Fri** _____ **Sat** _____

Please List your 1st choice _____

Cash or Check

***Please make checks payable to: Joslyn Carter**

Please send your Registration Form & non-refundable Registration fee (\$30 per child) to: **Joslyn Carter 1645 High St Westwood Ma 02090**

Disclaimer/Insurance:

Although Miss Joslyn's Dance takes every precaution to keep all students safe, accidents can happen.

All students dance at their own risk. Miss Joslyn's Dance does not carry medical insurance for its students. It is required that all dance students be covered by their own family insurance policies and, if injury occurs, it is understood that the student's own policy is your only source of reimbursement.

In consideration of the dancing lessons afforded to me under this agreement by Miss Joslyn and in recognition of the physical demands of dancing, I hereby knowingly, freely and voluntarily waive any right of cause of action of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to Miss Joslyn's Dance or its agents.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Media Release: I grant Miss Joslyn's Dance permission to use my child's photograph in any official publicity pieces; publicity pieces include (but are not limited to) News Releases, publications, videos and web use. Names are **NEVER** printed!

Yes____ No, thank you ____

Parent/ Guardian Signature: _____

Date: _____

Print Name: _____