

# DANCE

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(es) you are interested in:

Ballet/Tap  
(K-1st grade)

Ballet/Jazz/Tap  
(2nd-5th grade)

Ballet/Mod/Lyr  
(6<sup>th</sup>-8th grade)

Hip Hop  
(K-12th grade)

Hip Hop/Lyrical *\*add on class*  
(5<sup>th</sup> Grade) *must also take a Ballet class*

Ballet/Jazz/Tap/Lyr  
(9<sup>th</sup>-12<sup>th</sup> Grade)

Contemp/Jazz/Tap  
(6<sup>th</sup>-8<sup>th</sup> Grade)

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 first 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 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's Dance 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: \_\_\_\_\_