

2020-2021 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? _____

Preferred 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 _____

Please list the classes you would like to enroll in: (Include Day, Time, Age, and Subject)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

***** 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, including but not limited to exposure to and infection by the Covid-19 virus, arising as a result of such activity and using the facility and equipment from which any liability may or could accrue to Shawn Terenzi, Shawn Terenzi's Academy of Dance, employees, or agents. I also understand that photographs/videos may be used for our brochure, website, and other advertising collateral.

X _____ Date _____
(Parent/Guardian Signature)

**Non-Refundable Registration Fee of \$30.00 per family must accompany this form.
Fall classes start Tuesday, September 8, 2020**

Student Information

First Name _____ Last Name _____

Date of Birth _____ Age _____ Grade _____

Please list any medical conditions or physical limitations _____

Please list the classes you would like to enroll in: (Include Day, Time, Age, and Subject)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Student Information

First Name _____ Last Name _____

Date of Birth _____ Age _____ Grade _____

Please list any medical conditions or physical limitations _____

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- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
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|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |