



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

2018-2019 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?

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. 5.
2. 6.
3. 7.
4. 8.

*** 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)

Non-Refundable Registration Fee of \$20.00 per student (\$40 Family Cap) must accompany this form.
Fall classes start Tuesday, September 4, 2018



USE THIS SIDE FOR
ADDITIONAL FAMILY
MEMBERS

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 _____

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 _____

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 _____

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

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