

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? _____

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 may be used for our annual brochure, website, and other advertising collateral.

X _____ Date _____
(Parent/Guardian Signature)



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. _____ |