

CAPE ANN CENTER FOR DANCE
2024-2025 REGISTRATION FORM

REGISTRATION FEE: \$35

Last Name, First _____

Email: _____

Address: _____

Parent/Guardian: _____ Tel Home _____ Cell _____

Person to notify in emergency _____ # _____

Age _____ Grade _____ Misc info (medical) _____

CLASS ENROLLMENT

CLASS:
DAY/TIME:

CLASS:
DAY/TIME:

CLASS:
DAY/TIME:

TOTAL TUITION: \$ _____

I understand that the above mentioned student, while not being under the supervision of an instructor, and participating in "horseplay", non supervised dance and non students running, jumping, throwing objects, etc will not hold Cape Ann Center for Dance responsible. Cape Ann Center for Dance reserves the right to ask people to leave the premises. Parents and students will hold Cape Ann Center for Dance harmless from any injuries on or off the property including all events and will use their private health insurance to pay for any injuries.

_____ Sign _____ Date

