

Gotta Dance
DANCE REGISTRATION FORM
2017/2018

STUDENTS NAME: _____

D.O.B. _____ **AGE:** _____ **GRADE:** _____

PARENTS NAME: _____

ADDRESS: _____ **ZIP:** _____

HOME: _____ **CELL:** _____ **WORK:** _____

***EMAIL:** _____ (*most of our information is sent via email)

PLEASE LIST ANY MEDICAL CONDITIONS TO BE AWARE OF:

CLASSES INTERESTED IN:

ALTERNATIVE CLASSES INTERESTED IN: _____

DANCE EXPERIENCE:

** Please enclose a \$20.00 registration fee per student or \$25.00 per family*

****“GOTTA DANCE” RESERVES THE RIGHT TO ANY SCHEDULE CHANGES. IF SUCH CHANGES TAKE PLACE YOU WILL BE NOTIFIED IMMEDIATELY.**

***“Gotta Dance” has a “no refund policy” on registration, tuition, or costumes.*

“GOTTA DANCE” AND ITS INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OR DAMAGE TO PERSONAL PROPERTY. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN CLASS.

PARENT SIGNATURE: _____ **DATE:** _____

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