

***Gotta Dance* SUMMER 2018**
DANCE CLASS/WORKSHOP REGISTRATION FORM

STUDENT NAME: _____

D.O.B. _____ AGE: _____ GRADE (as of 9/1/2018): _____

PARENT NAME: _____

ADDRESS: _____ ZIP: _____

HOME: _____ CELL: _____ WORK: _____

EMAIL: _____

PLEASE LIST ANY MEDICAL CONDITIONS TO BE AWARE OF:

CLASSES/WORKSHOPS INTERESTED IN:

ALTERNATIVE CLASSES/WORKSHOPS INTERESTED IN:

DANCE EXPERIENCE:

** Please enclose a \$25.00 deposit per student – balance due on or before the first day of class.*

****“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 deposits and tuition.**

“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: _____

Gotta Dance
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