*REMEMBER...Class size is limited so register early!!!*

For more information please call 617-363-0376

**West Roxbury School Of Dance**

**Registration and Release Form**

1. Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_
2. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town Zip Code \_\_\_\_\_\_\_\_\_\_
3. Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Cell Phone Number
5. Email
6. Student’s School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Dismissal Time \_\_\_\_\_\_\_\_\_
7. New Student or Returning Student (Please circle one)

When selecting classes, refer to the current schedule. Some changes have been made from the previous year. Also, please select an alternate class in case your first choice is unavailable.

**First Choice:**

(DAY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(TIME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Choice:**

(DAY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(TIME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A fee of $190 (or $220.00 for 90 minute classes) is required at registration. $10 is a non-refundable registration fee; the balance will be applied towards the Fall Payment. Please see Payment notice for details. Register early to ensure your desired placement.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Massachusetts, individually and as parents of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

a minor under the age of eighteen (18) years, in consideration for the opportunity afforded to my child at “West Roxbury School of Dance,” offered at Corey St. in West Roxbury, Massachusetts 02132, hereby agree and consent to release and forever acquit Emily Kingsbury, Dance Instructor, dba as West Roxbury School of Dance, from any and all claims or liability for damages for any occurrence in connection with the dance and exercise classes, which may result in injury or other damages sustained by my child while participating in classes or otherwise at “West Roxbury School of Dance.” In further consideration of the opportunity afforded to my child to participate in this instruction, I hereby personally assume all risks in connection with the said course. I have fully informed myself of the contents of this registration form and release by reading it before I sign it. My child is physically fit to participate in this course and I am not aware of any injuries or illness, which would limit such participation.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_, 2015.

Please list any Medical problems your child may have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please mail payment to: Make checks payable to:

**Emily Kingsbury West Roxbury School of Dance or WRSD**

**1941 Washington St.**

**Canton, Ma. 02021**