

# West Roxbury School of Dance

## 2019 June Program Registration Form

Please Print

- Student Name \_\_\_\_\_ Age: \_\_\_\_\_
- Address \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Email address \_\_\_\_\_

**Mon/Wed 3:30-4:30 p.m. Ages 3-4 - Ballet & Tap**

**Mon/Wed 4:30-5:30 p.m. Ages 4-5 - Ballet & Tap**

**Mon/Wed 5:30-6:30 p.m. Ages 6-7 - Intro to Jazz**

**Classes will take place from Monday June 3<sup>rd</sup>– June 24<sup>th</sup> 2018 and Wednesday June 5<sup>th</sup>- June 26<sup>th</sup>.**

**Please write which class(es) your child will attend:**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The tuition is \$140 for twice weekly classes (\$70 for one class per week). Tuition is to be paid in full by April 30<sup>th</sup>, 2019.

I, \_\_\_\_\_, of \_\_\_\_\_,  
MA, 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 49 Corey Street in West Roxbury, Massachusetts  
02132, hereby agree and consent to release and forever acquit Emily Kingsbury, Dance Instructor,  
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.

In witness whereof, I have executed this release on \_\_\_\_\_, 2019.

Witness: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Please list any Medical problems that your child may have:

\_\_\_\_\_

Please mail payment to:

**Emily Kingsbury**  
**1941 Washington St.**  
**Canton, MA 0202**

Make checks payable to:

**West Roxbury School of Dance**