



"Teaching the art of dance through patient and positive methods"

## Registration Form

Please return with payment to:

PO Box 273 – Lyme, NH 03768

(603) 998-9045

Name of Dancer \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Class / Session Registering for \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

I, the undersigned, am the guardian of the above named. I am aware of the physical demands of dancing. I understand that if, at any time, my dancer does not feel comfortable executing a step, she or he should ask for extra assistance, or for the step to be modified. My dancer also understands that, at no time, should she or he be doing anything in class that has not been taught to him or her by the instructor. (example...gymnastics). There will be a \$20.00 returned check fee for any and all returned checks. Keeping the physical risks in mind, I agree that I will not hold the teachers, choreographers, student teachers, or student choreographers at The Dance Collective accountable for any injury that may occur while my dancer is learning to dance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

In registering the above named dancer for the class / Session listed above, I agree that the **registration is nonrefundable**, under any circumstance. I understand that I am not considered registered for a class until I have paid in full.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please describe any physical limitations we may need to know about or address below...**

1. \_\_\_\_\_ 2. \_\_\_\_\_