

ANNEMARIE'S DANCE CENTRE, INC.

Adult Classes

111 Cherry Street  
 Ashland, MA 01721  
 508-881-5109  
 www.annemariesdance.com

**All Adult Students**  
 Please enclose a \$5 non-refundable registration fee

Student Name: Last \_\_\_\_\_

First \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
month / day / year                      12/31 of current year

E-Mail Address \_\_\_\_\_  
Please Print carefully

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

ANNEMARIE'S DANCE CENTRE, INC.  
 WAIVER

I, \_\_\_\_\_ hereby certify that I am in sufficient physical condition to participate without injury. I further recognize the risk of illness & injury inherent in any dance program, and I waive and release Annemarie's Dance Centre, Inc. from any claims, costs, liabilities, expenses or judgments arising out of my child's participation, except for illness or injury resulting from gross negligence or willful misconduct on the part of Annemarie's Dance Centre, Inc. I am willing to provide a physician's certificate if so desired by Annemarie's Dance Centre. I hereby execute and deliver this Waiver to permit participation in Annemarie's Dance Centre's programs. I also agree to abide by all the conditions as stated above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT DURING CLASS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FOR OFFICE USE ONLY

Date	Registration Fee Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> MC <input type="checkbox"/> VISA Transaction # _____	New	Returning	Code # <b>A</b>
Check #	Class #				
Amount \$	Name of Class _____ Day _____ Time _____				