

ANNEMARIE'S DANCE CENTRE, INC.

FORM 4
Dance With Me

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

Student Name: Last _____

First _____

Birthdate _____ Age _____
month / day / year as of 9/10

Parent Name _____ **E-Mail** _____

Street _____ **Town** _____ **Zip Code** _____

Home Telephone _____ **Cell** _____ **Work** _____

All classes are available to girls and boys and are subject to sufficient enrollment

Dance With Me 8 Weeks \$100.00 plus a \$5 non-refundable Administrative fee.
Must be age 2, as of September of current year

____ Thursday 10:30 – 11:15

ANNEMARIE'S DANCE CENTRE - WAIVER AGREEMENT

I give _____
Student Name (please print)

permission to participate in the program(s) at Annemarie's Dance Centre, Inc.

I hereby certify that my child is in sufficient physical condition to participate without injury. I further recognize the risk of illness and 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 form to permit my child's participation in Annemarie's Dance Centre's programs. I also agree to abide by all the conditions as stated above.

Parent/Guardian Signature: _____ DATE: _____

Emergency Contact during classtime: _____ Ph: _____

Cell: _____

FOR OFFICE USE ONLY:

Date Received	Administrative Fee \$ 5.00 Class \$100.00	Check # Amount	Class #(s) Dance With Me
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