

Registration Form

DANCER'S NAME _____ BIRTHDATE _____

CLASS STYLE _____ DAY & TIME _____

STUDIO _____ TEACHER _____

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STUDIO _____ TEACHER _____

CLASS STYLE _____ DAY & TIME _____

STUDIO _____ TEACHER _____

PARENT'S NAME _____

ADDRESS _____

HOME PHONE _____

EMERGENCY PHONE _____

E-MAIL ADDRESS _____

THE UNDERSIGNED HEREBY: 1) ACKNOWLEDGES THAT DANCING IS A PHYSICAL ACTIVITY WHICH INVOLVES CERTAIN RISKS, 2) ASSUMES THAT THE RISKS OF PARTICIPATING IN A.C.D. CLASSES, 3) HEREBY IRREVOCABLY RELEASES A.C.D. AND ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, SUCCESSORS AND ASSIGNS FROM ANY AND ALL LIABILITY OF ANY TYPE OF NATURE ARISING OUT OF MY PARTICIPATION IN CLASSES OR SIMILAR ACTIVITIES OR FROM FOLLOWING INSTRUCTIONS OF A.C.D. EMPLOYEES OR AGENTS AND 4) ALLOW ARMONK CENTER FOR DANCE TO USE ANY PHOTOS TAKEN OF MY CHILD FOR PUBLICITY ON PRINT AND A.C.D. WEBSITE. NAMES WILL NOT BE RELEASED.

PARENT SIGNATURE _____ DATE _____

PLEASE LIST ALLERGIES, LEARNING OR PHYSICAL DISABILITY *(to be kept confidential)*

Please fold with check enclosed and mail to:

Armonk Center For Dance
P.O. Box 891
Armonk, NY 10504

Website: www.armonkdance.com

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