

Creative Movement
School of Dance
Registration Form

(603)298-5700

Name _____

Phone _____

Address _____

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 anytime, 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. (In example...gymnastics) Keeping the physical risks in mind, I agree that I will not hold the teachers, choreographers, student teachers, or student choreographers at Creative Movement School of Dance accountable for any injury that may occur while my dancer is learning to dance.

Signed _____ Date _____

In registering my dancer for class at Creative Movement School of Dance, I agree that the registration is non-refundable, under any circumstance. I understand that if I do not pay for class and all other charges by the deadline, I will not be able to perform in the showcase. I understand that there is no refund for costumes regardless of whether I decide to perform. I understand that I am not considered registered for a class until I have paid in full.

Signed _____ Date _____

NO REFUNDS