



Returning Student Registration

Student Name _____ Age/Grade _____

Parent or Guardian Name _____

Phone: home _____ work _____ cell _____

Email: _____

Class Level _____ Day/Time _____

Additional Classes:

If Fall Semester: Nutshell 2009 (circle one): yes no If yes, please fill out Nutshell form.

Payment for Semester and/or Nutshell is due by the first class. Please check the website:

www.dancebozeman.com for the rates.

I understand that dance is a physical activity with inherent associated risks. I understand that The Dance Center is not liable for injuries that may result from normal dance activities. If my child is injured during class and requires medical attention, I give my permission for my child to be treated at the nearest medical facility in the event that I can not first be reached at the phone number(s) given above.

Signature of Parent or Guardian _____