



*Patricia Brosnihan*

*Dance Center*

Fun & Educational Classes For All Ages

## REGISTRATION FORM

For Both Studios

Hopkinton  
77 West Main St.

S. Grafton  
130 Ferry St.

### PARENT INFORMATION

PARENT / GUARDIAN - LAST NAME - FIRST NAME

TELEPHONE (RESIDENCE)

PARENT / GUARDIAN - LAST NAME - FIRST NAME

CELLULAR PHONE

ADDRESS

TELEPHONE (BUSINESS)

CITY

STATE

ZIP CODE

E MAIL

### STUDENT INFORMATION

STUDENT - LAST NAME FIRST NAME

BIRTH DATE  
(MM /DD /YYYY )

AGE AS OF  
SEPTEMBER 1, 2008

ARE THERE ANY MEDICAL CONDITIONS OR INJURIES THAT WE SHOULD KNOW OF?

PREVIOUS DANCE SCHOOL, IF APPLICABLE

EXPERIENCE

Please indicate Studio  Hopkinton or  S. Grafton

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ AMOUNT OF HOURS \_\_\_\_\_

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CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ AMOUNT OF HOURS \_\_\_\_\_

TOTAL AMT OF CLASSES \_\_\_\_\_ TOTAL HOURS PER WEEK \_\_\_\_\_ TYPE OF PAYMENT PLAN \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_ PLUS REG. FEE \$ \_\_\_\_\_ TOTAL AMOUNT DUE \$ \_\_\_\_\_  CASH  CHECK# \_\_\_\_\_

- I GIVE PATRICIA BROSNIHAN DANCE CENTER INC. PERMISSION TO USE ANY PHOTOS OF THE ABOVE NAMED PARTICIPANT TAKEN DURING CLASSES OR PERFORMANCES FOR ADVERTISING OR PROMOTIONAL USE.
- I DO NOT GIVE PATRICIA BROSNIHAN DANCE CENTER INC TO USE PHOTOS OF THE ABOVE NAME PARTICIPANT IN ANY ADVERTISING OR PROMOTIONAL USE

THE ABOVE NAMED PARTICIPANT HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE LISTED CLASSES. I UNDERSTAND THAT PATRICIA BROSNIHAN DANCE CENTER INC., IT'S TEACHERS AND DIRECTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OF OR DAMAGE TO PERSONAL PROPERTY. SINCE THIS IS A PHYSICAL ACTIVITY, INJURY MAY OCCUR. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY WHICH MAY BE HARMFUL AND IS RESPONSIBLE TO INFORM THE INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN CLASS OR RELATED ACTVMTIES. IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE PERSON(S) ABOVE. IF EMERGENCY MEDICAL ATTENTION IS NECESSARY, THE FACULTY AND DIRECTORS OF PATRICIA BROSNIHAN DANCE CENTER INC. HAS MY PERMISSION TO PROVIDE THE APPROPRIATE CARE.

PARENT SIGNATURE \_\_\_\_\_

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