

2011 SUMMER REGISTRATION FORM
The Westfield School of Dance
137 Central Avenue, 2nd Floor
Westfield, NJ 07090
(908) 789-3011

***Please print CLEARLY & MUST BE FILLED OUT COMPLETELY & SIGNED**

Today's Date: _____

Student: _____ Date of Birth _____ Age _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Attending in Fall : _____

School Grade in September: _____

Phone: Home _____ Work _____ Cell _____

Parent or Guardian _____ EMAIL _____

Billing Address _____

State _____ Zip _____

Class/Program Registering for:

Please Check one:

_____ month _____ week

1. _____

2. _____

3. _____

4. _____

If new, how did you first hear about us?

The Westfield School of Dance will do its best to provide a safe environment and training for our students. However, despite the best of circumstances, there is a possibility of injury during class or rehearsal. Please read and sign the waiver below.

WAIVER

I certify that my child is in good health and capable of participating in all activities and classes. I hereby release and forever discharge The Westfield School of Dance of and from any and all claims, demands, rights or cause of action of whatsoever kind or nature, arising from, or by reason of, any and all known or unknown, foreseen or unforeseen bodily or personal injuries and the consequences thereof.

I understand that tuition for the program is 100% NON-REFUNDABLE.

Signature of Parent or Guardian _____ Date _____

I hereby give permission for my child to be photographed for promotional use.

Initial _____

I hereby give permission for my child to be filmed during performances and/or special events. The Westfield School of Dance may sell these tapes/DVDs to The Westfield School of Dance parents and children. **Initial** _____

Please send your registration form and check to the following address.

The Westfield School of Dance, 137 Central Avenue, 2nd floor, Westfield, NJ 07090