

Boston Youth Moves

BEGINNING TEEN DANCE INTENSIVE

Registration Form 2008

Please Print and complete in full

Name: _____ Age: _____

Home Address: _____ City: _____ ZIP: _____

Home Phone#: _____ Date of Birth: _____

Student E-Mail: _____

Parent E-Mail (main contact): _____

Mother's Name: _____

Mother's Workplace: _____ Work phone#: _____

Cell phone #: _____

Father's Name: _____

Father's Workplace: _____ Work phone#: _____

Cell phone #: _____

Return Application to:

Boston Youth Moves

261 Friend Street, 5th Floor

Boston MA, 02114

Application Deadline is August 8, 2008

Boston Youth Moves

Student Liability Release Form 2008

By signing below, I hereby give permission for my child, (print name)

_____, to study dance in the Beginner Teen Dance Intensive with Boston Youth Moves at The Jeannette Neill Dance Studio, Inc. Each student will be placed in the appropriate level according to his or her ability. The faculty of Boston Youth Moves are competent dance professionals and are careful to give material appropriate to the level of each student. However, I understand that since dance is a physical activity, injuries may occur, and I assume all risk associated with participating and performing such activity. Therefore, Boston Youth Moves and The Jeannette Neill Dance Studio, Inc., and its instructors will not be held liable for personal injuries or loss of or damage to personal property. I understand that my child may decline to participate in any activity, which he/she may deem to be harmful. He or she is also responsible to inform the instructor and program administration of any physical limitations that may prevent full participation in class.

Parent/Guardian Name (**please print**)

Relation to Student

Signature

Date

Address

Emergency Contact (put same if same as parent)

City, State, Zip

Emergency Contact (put same if same as parent)

Home Phone

Emergency telephone

Cell Phone

Parent E-mail (main contact)

This form must be returned by first day of class