PLEASE FILL OUT THE BELOW INFORMATION AND MAIL INTO THE STUDIO WITH YOUR REGISTRATION FEE. OUR ADDRESS IS: 271 POST ROAD, WESTERLY, RI 02891

Enrollment Form

Student's Name _____ Date of Birth _____ Age _____

Student's Name _____ Date of Birth _____ Age _____

Student's Name _____ Date of Birth _____ Age _____

Address _____ City _____

State _____ Zip _____ Home # _____

Mother's Name _____ Address _____

City _____ State _____ Zip _____ Home # _____

Occupation _____ Work # _____ Cell/Beeper _____

Father's Name _____ Address _____

City _____ State _____ Zip _____ Home # _____

Occupation _____ Work # _____ Cell # _____

Emergency Contact _____ # _____

Medical Limitations of Student(s) _____

Email Address _____

Including this upcoming recital, how many years has your child been with us _____

I, _____ Hereby permit my child herein indicated on this form, to participate in all Dance, Gymnastics, Trampoline and any other activity here at Seaside Dance & Gymnastics Centre. I understand that ANY activity involving motion or height creates the possibility of accidental injury. I, as the Parent/Guardian as well as my Child as the Participant, am aware that injury is possible in connection with this or any athletic activity, and in no way hold Seaside Dance & Gymnastics Centre or their instructors liable for any injury or damage.

Classes Registering for:

Student Name	Class Name	Day	Time