



158 Weirs Road - Gilford, NH 03249 - (603) 293-0366

RETURNING STUDENT REGISTRATION FORM 2010-2011 SEASON

STUDENT INFORMATION: (Please Print)

Student's Full Name _____ Gender M F

Parent's Email Address _____ Check Here To Receive Info By Email

Has Any of Your Information Changed? YES (Please fill in below)
 NO (Just fill in the classes & payment section)

Address _____ City _____, NH Zip _____

Home Phone (____) ____ - ____ Birthdate _____ Grade _____

Special Physical Conditions _____

Other Extracurricular Activities _____

Father _____ Home Phone (____) ____ - ____

Cell Phone (____) ____ - ____ Work Phone (____) ____ - ____

Mother _____ Home Phone (____) ____ - ____

Cell Phone (____) ____ - ____ Work Phone (____) ____ - ____

CLASSES I AM REGISTERING FOR:

Type of Class	Day	Time

PAYMENT OPTIONS: (Choose One)

<input type="checkbox"/> MONTHLY (nine equal payments) Sept – April due the first class of each month and <i>May payment due with your registration or before the first day of class.</i>	<input type="checkbox"/> FULL SEASON (one payment with a 5% discount) <i>Due with your registration or before the first day of class.</i>
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- I have enclosed my \$10 Registration Fee.
- I have read and signed the Accident Waiver/Medical Release Form.
- I understand that I am registering for the nine-month season, September through May. If I choose to withdraw from the school at some point during the season, I will give at least one month's notice in writing with prepaid May tuition applied to that month.

***** MAKE CHECKS PAYABLE TO: EDGEWATER DANCE, LLC
 ***AND MAIL TO: EDGEWATER DANCE, 22 BALSAM DR, GILFORD, NH 03249**

Classes Per Week:	One 45 Min Class	One 1 Hour Class	One 1.5 Hour Class	Additional 1 Hour Class	Additional 1 Hour Class (after 2 classes)
Monthly Fee:	\$40.00	\$40.00	\$50.00	\$25.00	\$20.00

EDGEWATER DANCE, LLC ACCIDENT WAIVER & MEDICAL RELEASE

I, _____, the undersigned parent or legal guardian of my participating minor, _____, acknowledge that dance is an athletic activity and carries with it the risk of physical injury. This risk is inherent to participating in dance class.

I hereby agree to assume all of the risk of my child's participation in dance class for as long as they are a student at EDGEWATER ACADEMY OF DANCE.

I acknowledge that this Accident Waiver form will govern my actions and responsibilities as the parent/legal guardian of my participating child.

In consideration of my child participating in dance at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release, and Discharge from any and all liability for personal injury or disability EDGEWATER DANCE, LLC, and its subcontractors.

I have made known to EDGEWATER DANCE, LLC any special physical conditions or prior injuries that may limit my child's participation in dance class.

I hereby consent to medical treatment for my child, which may be deemed advisable in the event of injury, accident, or illness. Any expenses incurred for medical treatment shall be borne by the child's family.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand the above....

Signature of Parent/Guardian

Date

Witness