

The Putnam Dance Center

Enrollment Form

554 Liberty Highway, Putnam, CT 06260; (860) 963-7073; annettehebard@att.net

Please **PRINT** the information below and return it to the studio **with your NON-REFUNDABLE registration fee.**
For further information or to request additional forms, please contact the studio.

Student Name: _____ Student Cell: _____

Student Email: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

Any **ALLERGIES**/medical conditions you would like us to know about? _____

School Name and Grade: _____ Years Dancing at PDC: _____
(**Including** this year)

New Student Only -

Previous Dance Training - Where? _____ Hours/week: _____

Subjects (circle): Ballet Jazz Tap Modern Contemporary Lyric Hip Hop Acro

Parent 1/Guardian: _____ Cell Phone: _____

Email ****REQUIRED****: _____ How did you hear about us? _____

Mailing Address (IF DIFFERENT FROM ABOVE): _____

Parent 2/Guardian: _____ Cell Phone: _____

Email ****REQUIRED****: _____ How did you hear about us? _____

Mailing Address (IF DIFFERENT FROM ABOVE): _____

WHO IS RESPONSIBLE FOR THIS ACCOUNT? _____ Cell Phone: _____

Mailing Address: _____ Email: _____

EMERGENCY Contact: _____ Cell Phone: _____

*******REQUIRED*******

MC/Visa/Disc/Amex _____ Expiration Date: _____
Account#

Name on Card: _____ Signature: _____

I, the parent/guardian of the above named student(s), a minor, and the above named student(s) agree to the following:

STUDIO POLICIES: By signing this Registration form, I agree to abide by the Policies of The Putnam Dance Center.

PHOTO RELEASE: I give full rights to The Putnam Dance Center and its staff to use photos and video images of me or my child to use for promotional purposes for The Putnam Dance Center's use only. Photos and videos may be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising. I acknowledge that by signing this form, I agree to the terms listed above and I give The Putnam Dance Center full copyright and authority to publish photography.

LIABILITY WAIVER: I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of The Putnam Dance Center's classes, rehearsals, performances, or activities. I also exempt, release, and indemnify The Putnam Dance Center, it's owner, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by The Putnam Dance Center. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Putnam Dance Center, it's owner, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Signature: _____ Student Signature: _____

