



2011 - 2012 Student Registration

Please complete and mail along with 1st months tuition, parent signature and \$10 Family Registration Fee to:

**Wilmington Dance Academy
PO Box 943, Wilmington, MA 01887**

Family Information

Parent/Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email: _____ How did you hear about us? _____

Secondary Name & Contact: _____

***Schedule contingent upon enrollment.**

Student does hereby acknowledge that dance is a physical activity wherein injuries may occur. Wilmington Dance Academy and the instructors are not liable for personal injuries or loss of or damage to personal property that occurs on the premises.

Signature of Parent/Guardian

Dancer Information

Student #1: _____

Date of Birth: _____ Grade: _____

Health Conditions: _____

Previous Years of Dance Training: _____

Where (School): _____

Class Description	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student #2: _____

Date of Birth: _____ Grade: _____

Health Conditions: _____

Previous Years of Dance Training: _____

Where (School): _____

Class Description	Day	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERFORMANCE TEAM

If you are interested in learning more about our competitive dance program check this box. Someone will contact you regarding the audition process.