

**2022-2023 Registration Form**

**PARENT/GUARDIAN INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address (Log In for On-line Account Access) \_\_\_\_\_

Other E-Mail Address \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Preferred Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish

**EMERGENCY CONTACT INFORMATION (OTHER THAN LISTED ABOVE)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Please list any medical conditions or physical limitations \_\_\_\_\_

Please list the classes you would like to enroll in: (Include Day, Time, Age, and Subject)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

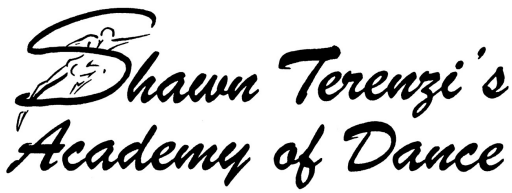
**\*\*\* PLEASE USE THE BACKSIDE OF THIS SHEET TO ENROLL ADDITIONAL FAMILY MEMBERS \*\*\***

**WAIVER, RELEASE, AND ASSUMPTION OF ALL RISKS**

I (parent or guardian) hereby declare that I have reviewed and agree to the policies posted on the studio website. I understand that those policies may be updated at any time by the director. I understand and agree to abide by all rules set forth by Shawn Terenzi's Academy of Dance. In recognition of the physical demands of dance and gymnastics, I hereby knowingly, freely, and voluntarily waive any right or cause of action of any kind whatsoever, including but not limited to exposure to and infection by the Covid-19 virus, arising as a result of such activity and using the facility and equipment from which any liability may or could accrue to Shawn Terenzi, Shawn Terenzi's Academy of Dance, or its employees or agents. I also understand that photographs/videos may be used for our website and other advertising collateral for no compensation.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature)

**Non-Refundable Registration Fee of \$35.00 per family must accompany this form.  
Fall classes start Tuesday, September 6, 2022**



USE THIS SIDE FOR  
ADDITIONAL FAMILY  
MEMBERS

978-975-7823  
28 Hampshire Street  
Lawrence, MA 01840  
info@STADstudio.com  
www.STADstudio.com

**Student Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

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- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |