



Please Complete One Form Per Student, Include the appropriate fee and make checks payable to "The Dance Haven, Inc." Mail to 379 Salem Street, Medford, MA 02155

PLEASE PRINT IN INK

Student Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Classes Registered For \_\_\_\_\_  
\_\_\_\_\_

Regular Season - Amount Paid + Registration Fee \$25 \_\_\_\_\_

Summer Camp / Intensive Fee + Registration Fee \$10 Amount: \_\_\_\_\_

Other: \_\_\_\_\_

Dance Experience If any: Please list the types of dance and years, Ex: Ballet, 3 yrs. 2001-2004

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

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

Email Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

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

Email Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Email \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Do you/your child have any medical/physical disabilities that limit participation?

If yes please describe below in the Medical History.

- Yes
- No

I acknowledge that I/my child is fit and capable of participating in classes. Each student may decline to participate in any activity, which may be personally harmful and is also responsible to inform the instructor of any physical limitations that may prevent full participation in class. The Dance Haven and the instructors are not liable for personal injuries or loss or damage to personal property. I waive all rights for claims against The Dance Haven, or it's staff or Instructors for damages or injuries that may occur while I participate in activities. I agree to pay any costs and penalties should my account become delinquent and a collection agency is necessary to recover any monies owed by me.

Student Signature or Parent/Guardian if Under18

\_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Medical History: All Students or Parents/Guardians are encouraged to complete this optional medical history form. The Dance Haven will provide this information to emergency service personnel caring for your child. The Dance Haven nor its staff or instructors does not assume the responsibility of verifying or updating the information provided. Students or Parents/Guardians are urged to inform The Dance Haven of any changes in the physical condition of you/your child.

Serious Diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Physicians: \_\_\_\_\_

Additional Information: \_\_\_\_\_