

A DANCE VISION BY NICOLE 2010 REGISTRATION FORMS



Please completely fill out the appropriate section/s of the form,
sign below and return the entire sheet.

2010 FALL REGISTRATION FORM

Guardian's names _____ Email _____

1. Student's Name _____ D.O.B. ___/___/___

2. Student's Name _____ D.O.B. ___/___/___

3. Student's Name _____ D.O.B. ___/___/___

4. Student's Name _____ D.O.B. ___/___/___

Home Phone [____] _____ Cell Phone [____] _____ Work Phone [____] _____

Street _____ City _____ Zip _____

Emergency Contact _____ Phone [____] _____

How did you hear about us/**Referrals name?** _____

Name(s) of previous dance schools & years _____

Does the student have any ailments or restrictions? YES / NO

If yes please explain: _____

Tuition Amount Enclosed \$ _____ (please add registration fee)

Family registration fees are as followed; \$25 First Student, \$15 Second Student, \$5 Third Student, \$0 Fourth Student.

Please list **ALL** the classes you are enrolling in-

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

*Please make sure you have fully read through and understand our studio policies.

2010 SUMMER REGISTRATION FORM

Guardian's names _____

1. Student's Name _____ D.O.B. ___/___/___ Summer Program _____

2. Student's Name _____ D.O.B. ___/___/___ Summer Program _____

3. Student's Name _____ D.O.B. ___/___/___ Summer Program _____

4. Student's Name _____ D.O.B. ___/___/___ Summer Program _____

Home Phone [____] _____ Cell Phone [____] _____ Work Phone [____] _____

Street _____ City _____ Zip _____

Emergency Contact _____ Phone [____] _____

Does the student have any ailments or restrictions? YES / NO

If yes please explain: _____

I, _____ have enrolled _____ in a program of strenuous physical activity, offered by A Dance Vision by Nicole. I hereby affirm that I am or the above named person(s) are in good physical condition and do not suffer from any disability that would prevent or limit participation in this exercise, dance, or any other activities on the premise. I, for myself, my heirs and assigns, hereby release A Dance Vision by Nicole, the owner/director Nicole Nickerson, their families, employees, from any claims, demands and cause of action arising, claims, demands and causes of action from my or the above named person's participation in any of the above stated program. I hereby release A Dance Vision by Nicole, the owner/director, Nicole Nickerson, their families, employees from any liability now or in the future for any injuries participation in any other the above stated programs offered at A Dance Vision by Nicole or at any time, while in the vicinity of the premise or in any activity sponsored, represented or organized by A Dance Vision by Nicole. I also understand that photos and videos may be taken throughout the year and these images may be published or used for advertising and promotional purposes by A Dance Vision by Nicole, and its agents. I understand I will not be able to protest any such use or receive compensation of any type for use of these pictures. By signing, I hereby affirm that I have read & fully understand & agree with the above waiver and have read & fully understand the studio policies.

Date ___/___/___

Signature of parent or legal guardian, if student is under age 18, or student age 18 and older.

Payments can be mailed to: A Dance Vision by Nicole
17 Route 125 / Bldg A - Unit #6 /
Kingston NH 03848
603-642-5662