

NEEDHAM SCHOOL OF DANCE

NAME

ADDRESS

.....

E-MAIL

PARENT E-MAIL

PHONE NO.

CELL NO.

DATE OF BIRTH AGE.....

HEALTH CARD NO.

PARENT / GAURDIAN

-
- BALLE T TAP JAZZ HIPHOP LYRICAL ACRO
- DANCE READINESS BALLE T-JAZZ STEP CONTEMPORARY
- STRETCH & STRENGTHEN MUSICAL THEATRE TWIRLING
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RELEASE FORM

I agree that Needham School of Dance or its employees shall not be liable for any injury to my child or loss or damage to personal property arising from or in any way resulting from participation in the above listed activities.

Signature of Parent/Guardian

Date

Tuition Fees

H.S.T

COSTUME RENTAL FEE

TOTAL

Paid

Post-Dated

Balance