

dancers' corner

93 pine street
white river jct., vt 05001

802.296.2526
dancerscorner.net

pre-school registration form

Student's Name _____ Birthdate _____
Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Class	Day	Time

Release of Liability

Dancing is a physical activity. We at dancers' corner will not make an evaluation as to whether you/your child is fit for this activity. If you/your child is physically impaired, it is your responsibility to obtain a physician's assessment of you/your child's limitations. It is always advisable to consult a physician before undertaking any physical exercise program. dancers' corner does not carry medical insurance for you/your child. It is your responsibility to provide medical coverage for you/your child. You hereby waive any claims against dancers' corner and its employees and agree that you/your child is participating voluntarily.

I give permission for _____ to attend classes at dancers' corner. Date _____

Parent or Guardian signature _____ Print _____