



**REGISTRATION FORM 2009-2010 SEASON**

40 Gigante Drive P.O. Box 542  
Hampstead, NH 03841

Please read and sign before returning along with a non-refundable registration fee to HDA.  
Rates are \$30.00 for first child \$20.00 second child and \$15.00 for third  
Registration form will not be processed unless accompanied by the appropriate signatures and fees.

To register by mail please fill out this application and mail it along with your registration fee to the above address. Please feel free to contact the Studio if you need assistance or have any questions.

You will receive a letter of confirmation and all necessary information prior to the beginning of the season. This will include your Policy / Procedure Booklet and an Attire Booklet. Please make additional copies of this registration form, for siblings.

Student Name: \_\_\_\_\_  
Age as of 9/1/09: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parents Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Zip: \_\_\_\_\_

Billing Name and Address (if different from above)

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: (emergency) \_\_\_\_\_

Cell #: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Class Choices:**

1. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

2. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

3. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

4. Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_

**\*Returning Students Please call for your schedule of classes:**

**Health History: Please list all limitations/impairments, student may have or if they are on any medication that should be noted by the dance instructor:**

I, the undersigned Parent or Guardian of the above student release the Hampstead Dance Academy, Inc. it's officers, directors, employees, agent's, landlords, lessees, from any and all liability for injury which may be sustain while training, practicing and performing or during any event or activity. I also agree that I am responsible for their health and accident insurance and any medical costs incurred due to injury. I also give my permission for emergency medical transportation and treatment at my expense if the need arises. The Hampstead Dance Academy will not be held liable for loss of or damage to personal property. I also give my permission for the public display of any studio pictures that my child may be in and that I understand there is no financial compensation for the use of such photos. By signing this release I have thoroughly read, understand and agree to the Hampstead Dance Academy General Information.

\* \_\_\_\_\_ Date: \_\_\_\_\_

Signature

