

**CAPE ANN CENTER FOR DANCE
REGISTRATION FORM 2025-2026**

REGISTRATION FEE: \$35

Name: _____

Email: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Age of student: _____ Misc info (medical issues, etc)

CLASS ENROLLMENT

CLASS/DAY/TIME: _____

CLASS/DAY/TIME: _____

CLASS/DAY/TIME: _____

I understand that the above mentioned student, while not being under the supervision of an instructor, and participating in “horseplay”, non supervised dance and non students running, jumping, throwing objects, etc will not hold Cape Ann Center for Dance responsible. Cape Ann Center for Dance reserves the right to ask people to leave the premises. Parents and students will hold Cape Ann Center for Dance harmless from any injuries on or off the property including all events and will use their private health insurance to pay for any injuries

SIGN _____