

From The Top Dance Center
1321 Main Street, Reading 01867
781-944-3205
www.fromthetopdancecenter.net

Last Name: _____ First Name: _____

Street Address: _____

Town/Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Birth Date: _____ Grade Entering: _____ Years of Experience: _____

Parent/Guardian(s): _____

Emergency Contact: _____ Phone #: _____

Medical Concerns: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Class: _____ Day & Time: _____

Release: _____ is granted permission to participate in classes at From The Top Dance Center, Inc. I understand what is involved and believe the above name is in proper physical condition to participate. I do further release, absolve indemnity and hold harmless From The Top Dance Center, its staff, volunteers and other officials. In the result of an emergency requiring medical attention beyond first aid, I grant From The Top Dance Center to attend to the above name until I am contacted. I have read and fully understand this release.

Parent/Guardian Signature: _____ Date: _____

****Please return fall 2010-2011 forms with a \$25.00 registration fee (per family).****