



345 GREENWOOD STREET
WORCESTER, MA 01607
TEL. (508) 753-3362

REGISTRATION FORM

Students Name: _____

Students Age: _____

Address: _____

City: _____ Zip: _____

Phone home: _____ Work: _____

Cell: _____ Students cell: _____

Mothers Name: _____

Please circle any of the following that apply

High blood pressure Low blood pressure Heart condition Diabetes

Back problem Arthritis Allerges Angina

Hernia Other problem not listed above

I understand and agree that by participating in dancing or any activities held at this location, I revoke for myself, my heirs, relatives, executors, and administrations, the right to claim a lawsuit against Joan Yankauskas, her agents, officers, instructors, participants, relatives and or the owner/occupant of the premises in which this activity takes place, for any injury, loss or damage too self or property, resulting from my attendance, arriving, departing and/or participating in any activities.

Additionally, I fully understand that any dance requires physical movement and/or exercise. I am fully aware of and responsible for my personal medical condition, and hereby certify that I am mentally and physically capable or participating in any activities.

Signature of parent or guardian if student is under 18 years of age.

Date: _____

Signature: _____