



**Deborah Mason School of Dance**  
32 Cottage Pk Ave - Cambridge, MA 02140  
617-497-1448

**Registration 2010 - 2011**  
*Complete one form for each child enrolling*

StudentsName: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tele: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Classes start the week of SEPTEMBER 13, 2010**

Mon: Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_

Tues: Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_

Wed: Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_

Thur: Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_

Fri: Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_

Sat: Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_ /Class \_\_\_\_\_ Time \_\_\_\_\_

Class Fee: \$ \_\_\_\_\_

-10% Early Bird: \$ \_\_\_\_\_ (if registered before August 1)

Registration Fee: \$20.00

Balance Due: \$ \_\_\_\_\_ Payment Method - Check # \_\_\_\_\_ Cash \_\_\_\_\_

### **Registration Agreement**

The above registrant is obligated to attend weekly classes from the time they begin and parent/guardian must pay for them within the two semesters. Payments must be made no later than the 15th of each semester. If a dancer decides to drop from or is dismissed from the program, there are no refunds for tuition or other applicable fees after the 4th class. Dancers and parents must fully support all faculty decisions related to class and/or choreography placement. The above registrant (his or her parent or legal guardian if under eighteen years of age) agrees to indemnify and hold harmless Deborah Mason School of Dance, its officers, members, agents, and teachers against all liability, claims, damages, losses, and expenses, including attorney fees, arising from the registrant's participation or be reason of any injury or damage to any person or property during said participation, or from any cause whatsoever. I fully realize that dance can be a sport where occasional injury may occur. This agreement extends from the date signed until the end of the year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Publication Permission**

Occasionally during the school year, we may want to include pictures of students with articles of interest pertaining to DMSD in local newspapers, as well as on our website.

Yes, \_\_\_\_\_ I give permission to Deborah Mason School of Dance to publish photographs of my child for the purpose of public relations as indicated above.

No, \_\_\_\_\_ I do not give permission to publish photographs of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_