



**978-975-7823**  
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## **2008-2009 Registration Form**

### Student Information

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please list any medical conditions or physical limitations \_\_\_\_\_

Please list any previous dance training (what school, subject, and how long) \_\_\_\_\_

\_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Year of 1st Enrollment at S.T.A.D. \_\_\_\_\_

### **Emergency Contact Information (other than listed above)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

I (parent or guardian) hereby declare that I have received a brochure and have read it in its entirety. I understand and agree to abide by all rules set forth by Shawn Terenzi's Academy of Dance. In recognition of the physical demands of dance and gymnastics, I hereby knowingly, freely, and voluntarily waive any right or cause of action of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to Shawn Terenzi, Shawn Terenzi's Academy of Dance, or its agents. I also understand that photographs may be used for our annual brochure, website, and other advertising collateral.

X \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian Signature)

**Non-Refundable Registration Fee of \$25.00 must accompany this form (\$15 for returning students).  
Fall classes resume Monday, September 8, 2008**

Please list the classes you would like to enroll in:

1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

5. \_\_\_\_\_

10. \_\_\_\_\_