

Dancers' Edge
Registration Form 2009-2010

STUDENT'S NAME: _____

AGE: _____ **BIRTHDAY:** _____

CLASS TITLE (S)	DAY(S)	TIME(S)

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

TELEPHONE NUMBER: _____ **WORK:** _____

Email address: _____

Specify any medical condition(s) we should be aware of: _____

Emergency #: _____ **Relationship:** _____

WAIVER

I understand that a physician should approve any form of exercise. It is agreed that I waiver and release all rights and claims for damages that I and/or my child might have against Dancers' Edge, Jana Filling, any of the Dancers' Edge instructors, or any Dancers' Edge representative (paid or volunteer); for any injury in connection with the Dancers' Edge exercise and dance programs or other activities relating to such a program. The risk of such programs is fully understood.

***Signed:** _____

(Parent or guardian)

***Date:** _____ ***Registration Fee enclosed:** _____

STUDIO LOCATION:
THE VILLAGE PLAZA
LOWER LEVEL
232 MANOR AVENUE
MILLERSVILLE, PA 17551

MAILING ADDRESS:
JANA FILLING
DANCERS' EDGE
3855 COLUMBIA AVE.
MOUNTVILLE, PA 17554
717- 285-4982
Or
717-341-3918