NECB
PO Box 2155
Methuen MA
01844

REGISTRATION FORM workshops August/September 2010. Tuition non refundable.

Student Name_____ DOB/Age _____

Parent Name (s)_____

Place of
Employment/Occupation_____

Home Address_____ City_____

State_____ Zip_____ Home Phone ( )_____

Work Phone_____ Cell Phone_____ Email_____

Emergency Contact Person- Please list 2 people other than yourself/spouse.

1)_____

2)_____

Please list any physical conditions/ailments of the student that NECB teachers/staff should be aware of

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It should be recognized by our students and those responsible for enrolling students that on occasion NECB will use a student's photograph for publicity. It should be recognized by our students and those responsible for enrolling students that dance is a demanding activity and that the potential for physical injury is present. We encourage all participants to consult their physician before participating in classes. In consideration of our acceptance of your or your child in our program and by other good consideration the undersigned hereby agrees to forever hold harmless New England Civic Ballet Inc., and its instructors, board members, directors and officers, successors and assumes from any and all liability and any and all damages that could possibly be imposed or asserted as a result of any injury incurred as a result of participation in our programs.
I have read the attached guidelines pertinent to NECB Inc., and agree to abide by them.

Registering for

1._____ **2.**_____

3._____ **4.**_____

5._____ **6.**_____

7._____ **8.**_____

Schedule approved by Director_____

Tuition Paid Date_____ **Check #**_____ **Cash**_____