

Gotta Dance **SUMMER 2025**

DANCE CLASS/WORKSHOP REGISTRATION FORM

200 Turnpike Road #9, Chelmsford, MA 01824

978-671-0400 ~ ksgottadance.com

STUDENT NAME: _____

D.O.B. _____ **AGE:** _____ **GRADE (as of 7/1/2025):** _____

PARENT NAME: _____

ADDRESS: _____ **ZIP:** _____

HOME: _____ **CELL:** _____ **WORK:** _____

EMAIL: _____

PLEASE LIST ANY MEDICAL CONDITIONS TO BE AWARE OF:

CLASSES/WORKSHOPS INTERESTED IN:

ALTERNATIVE CLASSES/WORKSHOPS INTERESTED IN:

DANCE EXPERIENCE:

** Please enclose a \$25.00 deposit per student – balance due on or before the first day of class.*

****Gotta Dance RESERVES THE RIGHT TO ANY SCHEDULE CHANGES. IF SUCH CHANGES TAKE PLACE YOU WILL BE NOTIFIED IMMEDIATELY.***

****Gotta Dance has a “no refund policy” on deposits and tuition.***

Gotta Dance AND ITS INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OR DAMAGE TO PERSONAL PROPERTY. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM THE INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN CLASS.

PARENT SIGNATURE: _____ **DATE:** _____