



The Dance Factory Summer Registration Form

Name _____ Age _____ D.O.B. _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ E-mail _____

List Classes you are interested in:

Emergency Contact Information: _____

Please list any medical conditions (physical, allergies, asthma, etc): _____

The Dance Factory, its owner, instructors, and staff are not liable for any accidents or injuries caused by any of the activities offered. The Dance Factory is not liable for any accidents that may occur inside or outside the building. I the undersigned parent understand and agree to the rules and regulations of the Dance Factory and will respectfully abide by them. My child is in good health and has permission to participate in all activities offered.

Parent Signature _____ Date _____

Please email this form to dancefactorynow@gmail.com by June 1st or mail to The Dance Factory, 25 Lower Rd, Lincoln RI 02865.