

Broadway Bound Dance Center
2024/2025 Recreational Class Registration Form

Mail to: Broadway Bound Dance Center, 17 Willow Street, Natick, MA 01760

Student's Name:		
Date of Birth:	Age:	Grade (Fall 2024):
Address:		
City:	State:	Zip:
Parent #1:	Phone (H):	(C/W):
Parent #2:	Phone (H):	(C/W):
Email Address:		
Emergency Contact:	Relation:	
Emergency Phone Number:	Any medical conditions we should be aware of:	

Please list all classes you are registering for:

Class: _____ Day/Time: _____ Cost: \$310_(1 hr class)
\$250 (45 min class)

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\$250 (45 min class)

Total Semester Cost: \$ _____

**** Payment in full due with registration form – Checks payable to BBDC ****

Fall Semester: 9/3/24 to 1/11/25
Spring Semester: 1/13/25 to 5/17/25
(Automatic enrollment for Spring)

Email us at bbdcnatick@yahoo.com with questions.

I, the undersigned Parent or Guardian of the above student, release **BROADWAY BOUND DANCE CENTER**, including instructors and assistants, from any and all injuries which may occur from training, practicing, performing and/or during any event or activity. I also agree that I am responsible for the health and accident insurance and any medical costs for the above student incurred due to injury including, but not limited to, emergency medical transportation and treatment if the need arises. I understand that BBDC has a NO REFUND policy. If a student drops, the account will be credited the remaining balance and will be saved for up to one year. I also give my permission for the public display of any studio pictures that my child may be in.

Print Name: _____ Signature: _____ Date: _____