

The GOLD School

ADULT HIP HOP REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

email _____

How did you hear about the GOLD School _____

If a parent of a registered GOLD school student, dancer's name or account name

7 Week Program \$75.00 (\$10.00 discount for parents of registered GOLD School students) Mondays 9-10pm (Class Dates | March. 31, April 7,14, (21 no class), 28 May 5,12,19 This course will learn choreography to be performed at our May 24 Recital @ Brockton High School

Credit Card Info:

MasterCard ___ Visa ___

Card# _____

Name as it appears on the card _____

Expiration Date _____

I, the undersigned, release the Gold School, including instructors and assistants from any and all injuries which I may sustain while training, practicing, and performing or during any event or activity. I also agree that I am responsible for their health and accident insurance and any medical costs incurred due to injury. I also give my permission for emergency medical transportation and treatment at my expense if the need arises. I also give my permission for the public display of any studio pictures that my child maybe in and that I have thoroughly read, understand and agree to the Gold School General Information.

Signature _____ Date _____

The GOLD School | 1154 N. Montello St., | Brockton, MA 02301
508.586.4653 www.thegoldschool.com

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