



Katherine Hooper, Artistic Director
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Winter Intensive Registration Form 2017 (Ages 13+)
December 28th 10am-4pm Rate: \$100
Location: BoSoma School of Dance, 15 Walnut Road, Hamilton, MA 01982

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) ____-____ Alternate Phone: (____) ____-____

E-Mail : _____

Medical Conditions: No or *Yes: _____ If yes, please give details and/or attach medical information.

Liability Release

I, _____, do hereby consent to my participation in dance and fitness classes, instructional programs and other activities provided by BoSoma Dance Company. I do realize that dance is a physical activity and that there are risks involved. In consideration of receiving services as described above, I agree to release, hold harmless, and indemnify BoSoma Dance Company and its owner Katherine Hooper, employees, agents, instructors and officers from any and all claims, actions, causes of action, damages, and attorney fees, arising from personal injuries that may be sustained resulting from participation in the Dance Intensive program provided by BoSoma Dance Company located at the BoSoma School of Dance.

Signed: _____ Date: _____

*Dance Program you are currently a part of:

How did you hear about us: Web ____ Friend ____ News ____ Other _____

BoSoma Dance Company Staff Only:

Payment: _____ Date Paid: _____