



Registration Form

Classes:

- 1. _____ Day _____ Time _____
- 2. _____ Day _____ Time _____
- 3. _____ Day _____ Time _____
- 4. _____ Day _____ Time _____

Dancer's Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ e-mail _____ Age _____

Birthday _____ Grade _____ School _____

Mother's Name _____ Address(if different) _____

Mother's home phone _____ cell _____ e-mail _____

Father's Name _____ Address(if different) _____

Father's home phone _____ Address(if different) _____

Person to contact in case of emergency (other than above)

Name _____ Phone(h) _____ (w) _____

Medical release form(to be completed by every student and instructor):

I, _____(student) release the Loveland Dance Academy, their agents, employees successors and assigns, from any and all liability, claims and causes of action by me or my heirs, successors and assigns arising out of or any way related to my participation in or presence at classes, recitals, performances or other events in relation with Loveland Dance Academy. I hereby state that I am physically fit to participate in dance classes for the level of class I participate in this year or in the future. I am fully aware of the risks or injuries associated with or related to participation in dance classes or performances and I assume all responsibility and such risks in consideration of being allowed to register for classes.

Signature of student (if over 18 years of age) _____ Date _____

Signature of parent (if under 18 years of age) _____ Date _____

Photography and/or World Wide Web permission:

I _____(student) understand that professional photographers and videographers are employed by the Loveland Dance Academy for performances, recitals and promotionals (including World Wide Web documents)

I hereby give consent to allow photographing for the sole purposes of the Loveland Dance Academy only

_____ Date _____

I do not give consent to allow photographing for the sole purposes of the Loveland Dance Academy only.

_____ Date _____

Total # of classes _____ Tuition \$ _____

Family discount _____