



Registration Form

Parent Name: _____

Student Name: _____	Age: _____	D.O.B _____
Student Name: _____	Age: _____	D.O.B _____
Student Name: _____	Age: _____	D.O.B _____

Address:

Street: _____
 City: _____
 Zip Code: _____
 Phone 1: _____
 Phone 2: _____
 Email: _____

Emergency Contact (other than above):

Name: _____
 Relation: _____
 Phone: _____

Does your child have any medical conditions or food allergies?

Please list classes:

Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____
Class _____	Day _____	Time _____

Liability Waiver

I understand that the participation in dance classes and movement activities could involve possible injury. Despite precautions, accidents and injuries may occur. By signing this release form, I assume all risks related to my child's involvement in The Dance Conservatory of Los Angeles.

I/we will not hold The Dance Conservatory of Los Angeles or its staff accountable for any personal injury or any personal property damage, which may occur on the premises during hours of operation. Furthermore, I/we agree to obey facility rules and regulations and take full responsibility for my/our behavior and actions.

Signature: _____

Date: _____

Print: _____