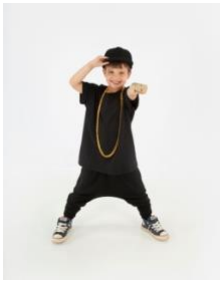
The Dance Conservatory of Los Angeles

Dance Enrichment Program
Registration Form

10 Week Session
(February 22nd – May 6th)



Parent Name: _____
Street: _____City: _____
Zip Code:_____ Phone: _____
Email: _____

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

Class (please circle one): TK-1st Tuesday Wednesday Thursday
2nd-5th Tuesday Wednesday Thursday

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

Class (please circle one): TK-1st Tuesday Wednesday Thursday
2nd-5th Tuesday Wednesday Thursday

Does your child have any allergies, medical conditions or special needs?

_____
_____
_____

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 with 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: _____