



Haynes Elementary Registration Form

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

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

Parent Name: _____

Street: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact (other than above):

Name: _____

Relation: _____

Phone: _____

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

Class (Please check one for each child):

Tuesday 1:30-2:30pm (TK-1st) _____

Thursday 2:30-3:30pm (2nd-5th) _____

Tuesday 1:30-2:30pm (TK-1st) _____

Thursday 2:30-3:30pm (2nd-5th) _____

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 dance at Haynes Charter Elementary. I/we will not hold The Dance Conservatory of Los Angeles, Samantha Melo, or her 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: _____