** Lisa Allen’s Dance Works**

10880 Colerain Road

Saint Marys, GA 31558

(912) 673-9161

www.ladanceworks.net

**Registration and Waiver Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Last Name: | Student First Name: | Age: | DOB: |
| Student Last Name: | Student First Name: | Age: | DOB: |
| Parent Last Name: | Parent First Name: | Email Address: |
| Home Phone: | Cell Phone: | Work Phone: |
| Street Address:  | City: | State: | Zip: |

Driver’s License Number and State: **We must have to accept checks**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If an emergency should occur, please list (2) people with whom we may communicate:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 **\*Medical conditions** Instructor should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Previous Training: (check all that apply)**

Pointe: \_\_\_\_\_\_\_\_\_\_Lyrical: \_\_\_\_\_\_\_\_\_\_Musical Theatre: \_\_\_\_\_\_\_\_\_\_\_Ballet: \_\_\_\_\_\_\_\_\_\_Modern: \_\_\_\_\_\_\_\_\_\_Hip Hop: \_\_\_\_\_\_\_\_\_\_\_

Cheer: \_\_\_\_\_\_\_\_\_\_Jazz: \_\_\_\_\_\_\_\_\_\_Tap: \_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Class or Classes you wish to register for:**

Name of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **How did you hear about Lisa Allen’s Dance Works?**

\_\_\_ Word of mouth \_\_\_ Flyer \_\_\_ TV or Newspaper Ad \_\_\_ Internet (WEBSITE/FACEBOOK) \_\_\_ Drive By

 \_\_\_ Friend Name of friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I fully understand & agree to abide by Lisa Allen’s Dance Woks Inc. Policies and Guidelines (under separate cover).**

 **Signature of parent or legal guardian is required**:

Print Full Name of Parent/ Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dancer sign here if 18 years of age or older:**

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_