** Lisa Allen’s Dance Works**

10880 Colerain Road

Saint Marys, GA 31558

(912) 673-9161

www.ladanceworks.net

**Adult Registration Form**

|  |  |  |
| --- | --- | --- |
| Last Name: | 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: \_\_\_\_\_\_\_\_\_\_\_Aerial\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Classes of interest:**

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

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

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

\_\_\_\_\_\_\_ 1. **Studio Fit Cards:** This includes up to 8 classes with a 8 week expiration date and are non-refundable.

\_\_\_\_\_\_\_ 2. **Accident and/or Injury**: By signing this document you have agreed to hold harmless Lisa Allen’s Dance Works Inc. and staff against any and all claims of responsibility and/or liability for any accident, injuries, and/or illness occurring in and/or on the premises. This shall include any performances or classes scheduled at other facilities as deemed necessary throughout the Dance Year by Lisa Allen, the Director.

\_\_\_\_\_\_\_ 3. **Visual Images**: We reserve the right to use any photos or audiovisual images associated with Lisa Allen’s Dance Works, Inc. without your prior consent.

\_\_\_\_\_\_\_ 4. **Disclaimer: Studio name, logo, photos, audio images, choreography** cannot be used without prior written consent of the proprietress and president of Lisa Allen’s Dance Works, Inc.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Date Card Expires: | Amount Paid: | Payment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |