



L.A. Dance Registration Form

Student(s) Last Name: _____

Parent or Guardian: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Emergency Number: _____

Cell Phone: _____ Email: _____

Please check which term(s) you are enrolling for:

Fall: _____ Summer: _____

<u>Students Name</u>	<u>Birth Date</u>	<u>Classes</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you hear about us? _____

If recommended by another family, please give their name _____

I, the undersigned, waive all present and future claims for any loss, damage, or personal injury sustained by the name(s) above, including but not limited to, physical injury sustained by the student during practice, performances, or competitions, and I future release, remise, and completely discharge the promoters, directors, management and staff of L.A. Dance, Inc. from any liability whatsoever for any injury or loss caused as a direct or indirect action or any omission by any of them. I represent that the student(s) named above is in good physical condition, and have no disability or impairment preventing student(s) from engaging in active or passive exercise or that would be detrimental to student's health safety, or physical condition if student(s) does so participate. The undersigned further acknowledges that they have read/received and understand the L. A. Dance Policies and Procedures Manual governing L.A. Dance, Inc. and/or its competition teams and agrees to be bound by them during the 2010/2011 dance season. The undersigned grants L.A. Dance permission to use student's photograph in advertisements and promotions.

Date

Parent/Guardian Signature