



Registration Form: 2010-2011

For office use only:
Student #:
Family #:
Start Date:

How did you hear about The Dance Loft? _____

Date:	Email Address:		
Last Name:		First / Middle:	
Address:			
City:	Zip:	Birthdate:	/ /
Parents/Guardians:			
Home #:	Mom Cell:	Dad Cell:	
Emergency Contact:		Phone #:	
# of Years of Dance Experience:		Studio(s):	

Class Schedule:

Office Use	Day	Time	Class Description	Studio

Personal Injury Waiver

I, _____ agree to assume all risks for _____ in damages or injuries to property or person due to activities at The Dance Loft. I understand that the activities engaged at The Dance Loft inherently run the risk of personal injury. I agree to hold harmless The Dance Loft as well as its employees for any injury or property damage. All risks of damages or injuries to person or property, resulting from any action, omission, or operation will not be held against or attributed to The Dance Loft and I have notified The Dance Loft of any current injuries or illnesses of my dancer.

Parent Name (please print) _____ Signature: _____ Date: _____

() The Dance Loft does NOT have permission to use photographs taken during classes, performances, and events for advertising and web site purposes only.

I, _____ the Parent/Guardian of aforesaid student, have received and read The Dance Loft Policy Handbook and agree to the terms herein.

Parent Signature: _____ Date: _____