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: _____