

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 Works 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: _____