

FOR OFFICE USE ONLY:
ACCT. # _____

**2011-2012
REGISTRATION FORM
1 FORM PER FAMILY**



Billing Last Name: _____ Home Phone #: _____

Address: _____ Box #: _____

City: _____ Postal Code: _____

Parent Email Address: _____

(email address held confidential and used to help keep you informed of school information, class notices and billing only. you may request removal from email list at any time)

Most Studio information will be sent by email. If no email is available or provided it is your responsibly to keep up to date on studio notices

Parent/Guardian Name: _____ Business Cell #: _____

Parent/Guardian Name: _____ Business Cell #: _____

Emergency Contact: _____ Phone #: _____

Medical Information: (Please describe any medical conditions, allergies, asthma, injuries etc.):

RETURNING STUDENT

NEW STUDENT - Previous Dance Experience?: _____

How did you hear about "The Laurie Thacker School of Dance"?

- Mobile Sign
- Newspaper
- Mailing Ad
- Yellow Pages
- Word of Mouth/Friend? _____
- Other: _____

Please refer to the 2011-2012 Class Schedule to complete this section. If you need any assistance in choosing the most suitable class(es), a representative would be more than happy to assist you.

STUDENT NAME	AGE	BIRTHDATE	CLASS	DAY	TIME	OFFICE

I, _____ hereby agree to indemnify and save harmless, Laurie Miller and The Laurie Thacker School of Dance Ltd, all teachers, assistants, and volunteers and any other person designated or appointed by said association/person from any and all liability actions or lawsuits arising from any activity or travel relating to the program. I agree to the Registration Information, School Policies, Dress Codes and the Principles of the Laurie Thacker School of Dance Ltd. I hereby allow The Laurie Thacker School of Dance Ltd. to use photos, videos, audio or other media of myself and/or children for promotional use at any time.

Parent/Guardian Signature: _____ Date: _____