

Lamoille Valley Dance Academy
2311 Stagecoach Road * Morrisville, VT 05661
802-888-4375 * www.lamoillevalleydance.com
Spring/Summer Registration Form

Student Name: _____ Age: _____ Birthdate: _____

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Business: _____ Cell: _____

E:mail: _____

Emergency Contact – Name, Home Phone, Cell Phone:

Please list any medical conditions, injuries or allergies of your child that we should know about:

Workshop/Class/Intensive Choice

Choice 1: _____ Choice 5: _____
Choice 2: _____ Choice 6: _____
Choice 3: _____ Choice 7: _____
Choice 4: _____ Choice 8: _____

Payment Option (check one):

Full _____ Two Installments _____ (May 24 & June 14, 2017) **Please Add a \$10.00 Registration Fee.**
* *Two Installments are available ONLY for those enrolling multiple children and/or multiple programs.*

Check or Cash _____ (Please Add the \$10.00 Registration Fee)

Credit Card Information

MC _____ Visa _____ Discover _____

Card # _____ Exp. Date _____

Name on the Card: _____

Signature: _____

I hereby give permission to Lamoille Valley Dance Academy to photograph and/or video my child during class or any activity time with the center for promotional use.
Signature: _____

I fully understand and acknowledge that dance and gymnastic activities have inherent risks, dangers and hazards and such exists in my or my child's use of any equipment and participation in these activities. I hereby assume all risks, dangers and responsibility for my or my child's actions while on the premises of Lamoille Valley Dance Academy. By voluntarily signing this waiver, I agree to exempt and relieve Lamoille Valley Dance Academy and its representative, employees and volunteers from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. Signature: _____ Date: _____