



LG DANCE
STUDIO
Registration Form
2016 - 2017

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|--|--|
| Student Name | |
| Age (as of 9/01/16) | Student's Birthday |
| Address | |
| City | State Zip |
| Home Phone | Cell Phone |
| Email Address | |
| Name Parent / Guardian #1 | Phone |
| Name Parent / Guardian #2 | Phone |
| Emergency Contact: Name | Phone |
| School Attending | Grade |
| Previous Dance Training? | Y / N Years of Training |
| Health Restrictions? | Y / N (If yes, please explain on back) |
| Please use the space below to specify 1st and 2nd choice for class day / time and to make additional comments. | |

Picture Release Form

We request permission to use images of your dancer participating in LG Dance Studio related activities for publicity purposes. This includes photos and videos that may be used in social media as well as traditional advertising methods. Pictures will be used with first names only.

I _____
give permission for LG Dance Studio to use my child's picture on the LG dance Studio website and social media pages.

Today's Date _____

Student's Name

Parent Signature
