

Classes start
September 10th!

LDI DANCEWORKS REGISTRATION FORM

Dancer's Name: _____ Age: _____ Birthday: _____

Parents' Names: _____

Home Address: _____

Phone #: _____ Email: _____

Medical Conditions/Allergies: _____

Emergency Contact & Phone #: _____

Check The Classes You Are Interested In Below:

<input type="checkbox"/> Pre-Ballet/ Tumbling	<input type="checkbox"/> Tap	<input type="checkbox"/> Modern	<input type="checkbox"/> Conditioning/Flexibility
<input type="checkbox"/> Ballet	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Pre-Pointe	<input type="checkbox"/> Leaps & Turns
<input type="checkbox"/> Jazz	<input type="checkbox"/> Acro	<input type="checkbox"/> Combo Class	<input type="checkbox"/> Adult Class: _____
	<input type="checkbox"/> Lyrical	<input type="checkbox"/> Musical Theater	<input type="checkbox"/> Boys Only Class: _____

Special Requests (days/times): _____

- Please fill out a **separate form** for each child
 - Include a non-refundable registration fee of **\$20 for each dancer**
 - Make checks **payable to LDI DanceWorks** & mail to:
LDI DanceWorks P.O. Box 453; 4000 Kenneth Drive, Gibsonia PA 15044

Medical and Photography Waiver:

The studio and its instructors are not legally responsible for the result of any injury to my child while participating in a dance class or occupying the dance facility. It should be understood that although they take every responsible precaution to assure the safety all students, everyone must assume that risks are involved when participating in dance lessons. All students are advised to have health insurance that covers the participation in athletic activities. The studio will not be responsible for any unpaid balance not covered by your primary insurance carrier.

I (print name) _____ agree to and understand all information presented in this agreement, release the studio and its instructors of any claim, damage or suit whatsoever which may arise from personal injury or property damages suffered while at the studio and will commit to pay for all classes as indicated on this form.

I give my consent for my child to be photographed and/or videotaped during dance class. The pictures or video may be used on the website or print media to promote the activities offered and at no time will they be sold to the general public.

Parent / Guardian Signature: _____ Date: _____

If you have any questions, please email us at info@LDIDanceWorks.com
CHECK OUT OUR WEBSITE LDIDanceWorks.com