

DANCE FROM THE HEART
1432 EASTON ROAD, SUITE 1B, WARRINGTON, PA 18976
www.dancefromtheheart.net

REGISTRATION FORM

Note: Please complete a separate form for each dancer

Name (of dancer): _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Parent(s): _____
(If dancer is under 18 years of age)

Phone: _____ Email: _____

Dance Style / Day of the Week / Time

Classes Attending:

I understand that *Dance from the Heart LLC* will not be held responsible for any claims, including any personal injuries sustained on the premises at the dance studio. *Dance from the Heart LLC* will not be held accountable for loss or damage to any personal items brought in to the studio or left on the premises by any student or their family members.

In the event of an emergency, I hereby authorize *Dance from the Heart LLC* to obtain the necessary medical treatment for me (or my child in the event of my absence), with the understanding that my family will be notified as soon as possible. I also understand that my family is responsible for any and all charges corresponding to such treatment.

I hereby grant permission to *Dance from the Heart LLC* to take photos or record video of studio classes and/or functions, which may include me or my child, to be used for advertising or publication purposes.

Signature: _____ **Date:** _____
(Parent signature if under 18 years of age)