



**Registration Form**  
2017 - 2018

Student Name	
Age (as of 9/01/17)	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  
\_\_\_\_\_

\* First month's tuition and registration fee due at registration \*