

# Littleton Dance Academy Adult Registration Form 2011-2012

Today's Date: \_\_\_\_\_

Adult Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(city) (zip code)

Primary Email Address: \_\_\_\_\_  
(Note: this is our primary mode of communication)

Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Please state how you originally heard about Littleton Dance Academy**

\_\_\_\_\_

**Enrolling In: (Please use back if necessary)**

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_

**Tuition and Fees**

Tuition or Punchcard \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ (\$25 per student or \$40 per family)

Total Due Today \$ \_\_\_\_\_

Please make check payable to LDA or Littleton Dance Academy

Paid with check # \_\_\_\_\_ Cash \_\_\_\_\_

I would like to be listed in LDA's School Roster (register by 10/15) Yes \_\_\_\_\_ No \_\_\_\_\_

I agree and understand not to hold the Littleton Dance Academy liable, including any teacher or employee employed by the Academy. I understand that I am responsible for my own actions as a participant at the Littleton Dance Academy. I also understand the assumption of risk that is involved in participating in such dance activities and will not hold the Littleton Dance Academy responsible for any injury that may be sustained in relation to these activities or that may occur on the premises at any time. In registering with Littleton Dance Academy, I have read and agree to ALL studio policies and procedures and agree to abide by said policies and procedures at all times. I agree for photos and/or videos of my child/myself to be used in LDA promotion or publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any allergies, physical restrictions, disabilities, injuries, or conditions we should be aware of: (continue on back if needed)

\_\_\_\_\_