

Attention Parents: Please sign this form and return it to our office before your child's first class.

I have received and read carefully the tentative calendar for the year and the statement of policies and rules for the 2011-2012 season for L & L Dance Studio and agree to abide by them. I recognize that there are risks of physical injury associated with dance, gymnastics and performances. We, the student and parents, assume all risks of injury and hold L & L Dance Studio and its agents harmless for any such injury. We give permission for our child to be photographed and videotaped at any dance class, event, etc. and for the photography and the videotapes to be used in advertising purposes, etc. We also give our permission to be contacted by email at the address we provided upon our registration.

Print Student's Name: _____

Date: _____ Student's Signature: _____

Print Mother's Name: _____

Date: _____ Mother's Signature: _____

Print Father's Name: _____

Date: _____ Father's Signature: _____

Email Address: _____

Home phone number Work phone number

Class Time Day Teacher