

The L.O. Dance School Registration Form

Mail Registrations to: 2469 Marylhaven Place, Lake Oswego, OR 97034

Class Name	Day & Time	Length of class (hours/minutes)
Total Time		

STUDENT Name: _____ Age: _____
 Address: _____
 City: _____ Zip: _____

PARENT or GUARDIAN name: _____
 E-mail: _____
 Home Phone: _____ Cell or Work Phone: _____

Please make checks payable to: **The L.O. Dance School.**

TUITION (see tuition chart) \$ _____
 REGISTRATION FEE (\$21 for new students* only) \$ _____
TOTAL DUE \$ _____



*New students are students who have never registered in L.O. Dance School.

WAIVERS AND AUTHORIZATIONS

This form must be signed to participate in classes or activities of The L.O. Dance School.
 By signing this waiver I am allowing my child (or myself) to participate in dance classes and all related activities including transportation (herein after jointly referred to as "activities"). I hereby for myself, my heirs, administrators, and assigns waive and release any and all rights and claims of any nature my child or I may have against The L.O. Dance School and any organizations associated with these activities, their representatives, successors, and assigns for any and all injuries or damages of any nature that my child or I may suffer while taking part in any activities connected with The L.O. Dance School.

- I hereby DO ___ or DO NOT _____ represent that the above named student is of sound health and physically able to participate in said activities.
- I further DO ___ or DO NOT _____ authorize the above named student to receive emergency medical treatment necessary in case of injury.
- I further DO ___ or DO NOT _____ authorize the use of my child's (or my) likeness for purposes such as publicity (including web site photos).

By signing this waiver and authorization I represent that I have read, understood, and agreed to the school policies and understand that failure to comply with those policies will result with immediate termination of the student's participation in activities without recourse. Further, my signature indicates that I understand that any policy past, present, or future may change or be amended at any time without prior notice, as seen fit and justifiable.

 Signature Date