

## La Crosse Dance Centre Registration Form

Dancer's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Dancer's School and Grade: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Emergency Contact (if over 18): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<u>Class:</u>	<u>Day/Time:</u>	<u>Class Length (hrs):</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

\*I would like to add a donation to help with the tuition and fees for LDC scholarship students. Amount: \$ \_\_\_\_\_  
Please indicate if this is a one-time or monthly donation. **Total Dance Hours:** \_\_\_\_\_ **Monthly Tuition:** \$ \_\_\_\_\_  
**Registration Fee:** \$ \_\_\_\_\_  
**Tuition Enclosed:** \$ \_\_\_\_\_

- Please include:
- 1) one registration form per student
  - 2) first and last month's tuition
  - 3) \$25 registration fee (\$10 registration fee for each additional family member) and remit to:  
La Crosse Dance Centre, 2716 Commerce Street, La Crosse, WI 54603  
No confirmation will be sent. You will be notified if the class you registered for is full.

### PARENTS AND STUDENTS 18 YEARS AND OLDER:

La Crosse Dance Centre is not liable for accidental bodily or other injury or loss of personal property sustained during classes, rehearsals, or performances. All pre-existing medical conditions must be reported to La Crosse Dance Centre (please list below) so that we are aware of them. It is the student's responsibility to judge when he or she must refrain from an activity.

Medical Conditions: \_\_\_\_\_

My signature indicates that I have fully read and understand LDC's policies, and I understand that LDC is not liable for accidental bodily or other injury or loss of personal property sustained during classes, rehearsals or performances. In addition, my signature below indicates La Crosse Dance Centre has my permission to use my dancer's photograph in all forms of media for advertising or any other lawful purpose.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**How did you hear about LDC?**      **Newspaper**      **Radio**      **Internet**      **Friend**      **Other:** \_\_\_\_\_