

Happy Feet Dance School, LLC
(New Student) Registration Form

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone #1() _____ - _____ Telephone #2() _____ - _____

Parent/Guardian #1 _____ Relationship _____

Parent/Guardian #2 _____ Relationship _____

Emergency Contact Person _____ Relationship _____

Emergency Telephone() _____ - _____ Email Address _____

Please list any allergies or medical conditions that we should be aware of:

How did you hear about us? (If newspaper, please be specific.)

Please list any previous dance experience.

Class	Day	Time

By signing below, I hereby waive and release Happy Feet Dance School, LLC and its' agents from all acts or omissions resulting in any physical injuries, medical treatment, or other damages to myself or any minors of whom I am a parent or legal guardian, resulting in participation in the Happy Feet Dance School, LLC. I further waive Happy Feet Dance School, LLC and it's agents from any damages sustained by the aforementioned or any guests of the aforementioned as a result of any condition, act, omission, or accident on or at 25 Indian Rock Road (Windham, NH) or any other premises upon which any activity related to the Happy Feet Dance School, LLC takes place.

Date _____ Signature _____

Please initial one of the lines below.

_____ I give Happy Feet Dance School, LLC permission to photograph my child and to use the photographs around the facility and as a promotional tool.

_____ I DO NOT give Happy Feet Dance School, LLC permission to photograph my child.