



2011-2012 REGISTRATION FORM

Please return Registration form along with a \$25 **non-refundable** registration fee to Dance Theatre of Lynchburg / 722 Commerce Street / Lynchburg, Virginia 24504
Tuition paid is non-refundable. Schedule changes must be made through the business office.

STUDENT INFORMATION

Name _____

Birth date _____ Age _____ Grade _____ Level _____ Male/Female _____ Race _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Alt telephone _____

Email Address _____

Emergency Contact _____ Telephone _____

Previous Dance Experience _____

COURSE SELECTIONS

Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time
Course	Level	Day	Time

PARENT / GUARDIAN WAIVERS

Liability Release. I hereby certify that my child is in normal health and capable of participating safely in Dance Theatre of Lynchburg’s programs. I will notify Dance Theatre of Lynchburg if the participant has any health problems. I am aware that dance training and the associated athletic exercises therein may place unusual stress on the body and carry with it the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume all risks and hazards incidental to the conduct of the program.

Publicity Release. I hereby authorized the Dance Theatre of Lynchburg to record the student’s picture and voice on photographs, films and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio or television broadcast programs. I also give my permission for Dance Theatre of Lynchburg to use and license others to use these materials in any manner or media whatsoever. Dance Theatre of Lynchburg is permitted to use these materials for publicity, advertising and sales promotion and to use the student’s name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by Dance Theatre of Lynchburg for such use.

Medical Release. In the event I cannot be reached, I hereby give my permission to the management, faculty, and staff of Dance Theatre of Lynchburg to authorize any emergency medical care that may be required by the above student during their participation in classes, performances, or any related Dance Theatre event. This authorization extends through the current school year or until the student is no longer enrolled at Dance Theatre of Lynchburg, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

I have read, understand, and agree to the Liability Release, Publicity Release, and Medical Release.

I have received a copy of the 2011-2012 student guidelines.

Name of Doctor _____ Telephone # _____

Parent/Guardian Signature _____ Date _____

PAYMENT INFORMATION

Select a Payment Option

Full Payment of \$ _____ OR Monthly Installments of \$ _____

Dance Theatre of Lynchburg accepts cash, check and Visa or MasterCard credit/debit payments. Make checks payable to Dance Theatre of Lynchburg. Tuition paid is not refundable.

If you wish to be considered for financial aid, please complete the information below:

Approximate Yearly Income* \$ _____ AND Total # of Household members* _____