

Lewisburg Dance Conservatory

Registration Form: Fall 2009 August 31, 2009 - December 18, 2009

DEADLINE TO REGISTER: 08/29/2009

MAIL TO: Lewisburg Dance Conservatory

1106 Sabra Way Lewisburg, PA 17837

Name _____ Birth Date _____ Age _____
Mailing Address _____
Email Address _____ Phone Number _____ Cell Phone _____
Parent(s)/Legal Guardian(s) _____
Class(es) Registering For Day/Time Monthly Pay or Pay in Full? Fee

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GRAND TOTAL FEES \$ _____

Registration Date: _____ Monthly Pay or Paid in Full? (circle one)

If Monthly Pay is circled, payment is due the first class of each month.

****AFTER 08/30/09 ADD \$15 REG.FEE \$ _____**

Grand Total Due at time of Registration: \$ _____

Total Paid at time of Registration: \$ _____

Cash or Check# _____ (made payable to Lewisburg Dance Conservatory)

Waiver/Release

I hereby agree that my child or I will participate in dance courses given by the Lewisburg Dance Conservatory upon the understanding and agreement with the studio waiver and release. I understand that with any physical activity there is a risk of injury, and I agree not to hold the Lewisburg Dance Conservatory, or any of its employees/independent contractors responsible. I release the School of its directors, and employees/independent contractors from all liability for personal injury, illness, or property damage occurring on or off the premises. I am/my child is capable of physical exercise and I have documented any health concerns.

Parent Signature _____ Date _____ Health Form on file? _____

****health form can be downloaded off our website www.lewisburgdance.com****