

REGISTRATION FORM

on your toes
DANCE & THEATRE COMPANY

Dancer: _____

Date of birth: _____ Number of years dancing: _____

Allergies: _____

Class Title	Day	Time

Parent's first and last name: _____

Parent's phone number: (H) _____ (C) _____

Email: _____ Student's email: _____

Street address: _____

Town: _____ Zip code: _____

I, _____ the parent of the named child, do hereby waive and release On Your Toes, LLC and their staff members and chaperones, from any claims for injuries sustained by my child. I certify that I have insurance, which will cover my child. I grant On Your Toes, LLC permission for my child's photo to appear in local newspapers, their website, and other marketing material. I understand the program is not staffed to accommodate special learning needs or special behavioral issues. I will communicate with On Your Toes, LLC prior to registration about anything that might prove important for the staff to know. I understand the directors reserve the right to withdraw any child whose behavior interferes with the rights and safety of others. I authorize On Your Toes, LLC to seek medical attention for my child.

Signature: _____ Date: _____

If you have any questions please email Tricia Belsanti at tricia.belsanti@gmail.com