

RLSD Registration Form

Student's name: _____

Age/Grade: _____ Date of birth: _____

Address: _____

Parent/Guardian names: _____

Phone number: _____

E-mail address: _____

Emergency contact (other than parent): _____

Phone number: _____

Prior Dance Experience: _____

Any allergies/medical conditions: _____

Classes registering for: _____

Day/Time: _____

How did you hear about RLSD? _____

Questions or comments: _____

Please mail this form along with your signed liability waiver and \$20.00 registration fee to:

Richelle Lyn School of Dance

2870 Talley Cavey Road #500

Allison Park, PA 15101

Thank you for your registration! I look forward to working with you and your child this year!