

## 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!