



Registration Form & Liability Waiver

Name: _____

Female: ____ Male: ____ Date of Birth: _____

Address: _____

E-mail Address: _____

City/State: _____ Zip: _____

Parent/Guardian: _____

Phone: (H) _____ (W): _____ (C) _____

Emergency Contact #'s: 1) _____ 2) _____

Class(es) Desired:

List injuries or ailments that may affect class performance:

Has condition been treated? Yes: ____ No: ____ N/A: ____

Please read the following and sign:
I understand that Carol Crawford Smith and other faculty of The Center of Dance are well-trained qualified professionals who teach safe dance. The Center of Dance operates under an assumed-risk clause, and I will under no circumstances hold any instructors of/or The Center of Dance liable for any injury or ailment I/my child may obtain due to my/his or her negligence or folly during visits at The Center of Dance.

Sign: _____ Date: _____

All students must submit completed form with registration fee and class payment payable to The Center of Dance, P.O. Box 10931, Blacksburg, VA 24062-0931 or hand deliver. Thank you.

The Center of Dance is an entity of AIIS, LLC.

Below For Office Use Only

Date	Amt Pd	Ck #
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