

Lorraine Cranford Summer Dance Workshop June 3-8, 2018

REGISTRATION FORM

Please complete both this Registration Form and the Medical Information and Release Agreement Form and return with your \$50 non-refundable deposit by April 1. The balance of the tuition is due May 1. Total cost of tuition is \$475 if paid before May 1. After May 1 the cost of tuition will be \$500.

Western Arkansas Ballet Lorraine Cranford Summer Dance Workshop 4701 Grand Avenue Fort Smith, AR 72904

Parent/Guardian's Name:		
Dancer's Name (please print):		
Age: Birth Date	e:	Gender (circle one): M / F
Address:		T-Shirt Size:
		_
Home Phone:		Cell Phone:
Dance School:		
Years studied:	Instructor:	

LORRAINE CRANFORD SUMMER DANCE WORKSHOP

Medical Information and Release Agreement Form

Name:			
Age: Birth date:/ /			
Home Phone:	Cell Phone:		
Address:			
City:	State:	Zip:	
Doctor's Name:	Doctor's Phone	e:	
Hospital:	Hospital Phone	e:	
Insurance Company:	Insurance Pho	ne:	
Policy Number:	<u> </u>		
In case of an emergency, I give LCSDW permission to	seek medical help for		
Dancer's Name (please print)			
Parent/Guardian's Signature	Date		
Does your child have any allergies? Yes No	o		
If yes, explain:			
Does your child have any current injuries preventing 10	00% participation? Yes _	No	
If yes, explain:			
My child has permission to take: Aspirin Tyler	nol Advil	Other	
In case of emergency call:			
Name:	Phone	o:	
The undersigned has adequate health and medical insu LCSDW in any way whatsoever for any damage, injury dance activities.			
Dancer's Name (Please Print)	 Parent/Guardia	an's Signature	Date