



# Linda Watkins' School of Dance



3709 Brambleton Avenue, Roanoke VA

## Registration Form 2020-2021

\_\_\_\_\_  
Name of Student 1

\_\_\_\_\_  
Birthday                      Age

\_\_\_\_\_  
Name of Student 2

\_\_\_\_\_  
Birthday                      Age

\_\_\_\_\_  
Name of Student 3

\_\_\_\_\_  
Birthday                      Age

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                              Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_ (please print carefully)

**Parent Email \*\*required\*\*** This is how you will receive all notices from the school including cancellations and all recital, rehearsal, picture information, and the monthly newsletters. When necessary, any invoices will also be sent to your email.

**Student Email**(Intermediate & Advanced Students): \_\_\_\_\_

**Please List Classes Registering for:                      \*\*\*Please list specific classes/times not just check marks!**

Student Name	Combo	Ballet	Jazz	Tap	Pointe	

\*\*\*Please fill out Registration form and mail with tuition, release & liability form, and registration fee (**\*\*Postmarked Before Aug 28, 2020** \$25 for new students & \$20 for returning students, **\*\*After Aug 28, 2018:** \$25 for returning students )

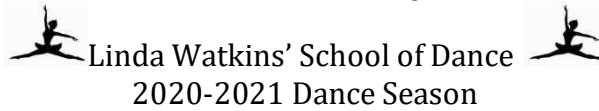
**Email Registration forms to:**

[lindawatkinsdancestudio@gmail.com](mailto:lindawatkinsdancestudio@gmail.com)

or mail to: 5719 Cavalier Drive, Roanoke VA 24018

Student Name: \_\_\_\_\_

**Release and Liability Form**



I, \_\_\_\_\_ do hereby agree not to  
(parent/guardian name)

hold Linda Watkins' School of Dance, its staff or teachers liable for any injuries that occur during class or performances for the above-named individual. I understand and recognize the risks of physical injury inherent in dance and dance performances and I am willing to assume those risks. I agree to release, indemnify and hold harmless the Linda Watkins' School of Dance, its owner, teachers and volunteers acting as chaperones for the school to consent to immediate medical, surgical, or dental treatments for the above named individual as deemed necessary by the medical/dental professional located at the nearest medical emergency facility. It is understood that every reasonable attempt will be made to notify the parent/guardian of any such injury. I also, understand that photos and/or videos may be taken of my child (ren) at dance recitals or other events, which may be sold or used for promotional purposes.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

**Related Information:**

In case of emergency: please contact me at (ph.) \_\_\_\_\_

If parent/guardian cannot be reached, contact:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Please list any medical information we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_