



# Registration Form

LAS VEGAS DANCE ACADEMY

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Will you accept text messages: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Do you agree to let the staff of the Las Vegas Dance Academy seek medical attention for your child in the event that you and your Emergency Contact cannot be reached? \_\_\_\_\_

Are there any allergies, injuries, or medical conditions that the instructors should be aware of? \_\_\_\_\_

I allow LVDA to use photos of my child in their social media, advertising, website, and such other media publications. yes \_\_\_\_\_ / no \_\_\_\_\_

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**Liability Release:** On behalf of my minor child (name listed above), I hereby give permission for my child to participate in dance instruction and performances at the Las Vegas Dance Academy. With this and all dance related activities, there is a certain element of risk of injury.

I hereby release, absolve, indemnify, and hold blameless the Las Vegas Dance Academy and staff of any and all liability for damage, injury, illness, or expense of any kind arising out of or connected with my child's participation in the program. I understand that in case of a medical emergency, my own personal medical plan will be used. I acknowledge that I have read this consent form, and knowingly, on behalf of my child, assume all of the risks associated with participating in the program.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

WELCOME TO THE LAS VEGAS DANCE ACADEMY!

DREAM. DANCE. CREATE.