

**Lamoille Valley Dance Academy**  
39 Upper Main Street \* Morrisville, VT 05661  
802-888-4375 \* www.lamoillevalleydance.com

**Enchanted Woods Wellness Center**  
2311 Stagecoach Road \* Morrisville, VT 05661  
802-888-4375 \* www.enchantedwoodswellness.com

### Spring/Summer Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact – Name, Home Phone, Cell Phone: \_\_\_\_\_

Please list any medical conditions, injuries or allergies of your child that we should know about:

\_\_\_\_\_

#### Workshop/Class/Intensive/Camp Choice

Choice 1: \_\_\_\_\_ Choice 5: \_\_\_\_\_

Choice 2: \_\_\_\_\_ Choice 6: \_\_\_\_\_

Choice 3: \_\_\_\_\_ Choice 7: \_\_\_\_\_

Choice 4: \_\_\_\_\_ Choice 8: \_\_\_\_\_

Subtotal: \_\_\_\_\_

Discount: \_\_\_\_\_

Registration Fee: \$15.00

Total: \_\_\_\_\_

#### Payment Option (check one):

**Please Add a \$15.00 Registration Fee**

Check or Cash \_\_\_\_\_

#### Credit Card Information

MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I hereby give permission to Lamoille Valley Dance Academy to photograph and/or video my child during class or any activity time with the center for promotional use.

Signature: \_\_\_\_\_

I fully understand and acknowledge that dance and gymnastic activities have inherent risks, dangers and hazards and such exists in my or my child's use of any equipment and participation in these activities. I hereby assume all risks, dangers and responsibility for my or my child's actions while on the premises of Lamoille Valley Dance Academy. By voluntarily signing this waiver, I agree to exempt and relieve Lamoille Valley Dance Academy and its representative, employees and volunteers from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. Signature: \_\_\_\_\_ Date: \_\_\_\_\_