

Lowe Dance Studio, LLC
1207 Haddonfield-Berlin Road
Voorhees, NJ 08043

PLEASE PRINT CLEARLY

Date _____ Phone# _____
Cell# _____

Student's Name _____
Age _____ Birthdate _____

Parent's Name _____
Address _____
City/State _____ Zip Code _____
Email _____

How did you hear about us? _____

Any Health Conditions: Yes ___ No ___

If Yes, Explain _____

Any Allergies: Yes ___ No ___

If Yes, Explain _____

I, the parent of _____ have read the "Welcome to Our Studio" flyer, supplied by the studio, and am aware of all the rules and regulations that are to be followed throughout the year.

Yes **Signed** _____

I understand that pictures will occasionally be taken of my child's classes for the purpose of newspaper/website advertising for Lowe Dance Studio or for resale to other class members. I also understand that the annual performance is videotaped and will be available for purchase by other class members. I also understand, being either parent or guardian of named child do hereby give my permission to all other parents or guardians of children involved to video my child during class or at the annual dance rehearsal held by the studio.

I, the undersigned, ascertain that the above information is true and I hereby release the owner, employees and inside organizations such as the Lowe Dance Lines Parents Association and the Voorhees Danse Ensemble/Voorhees Ballet Theatre of Lowe Dance Studio of any liability for injury or illness incurred during routine classroom situations or performances on or off the premises.

Parent/Guardian Signature _____