

Tip Tap Toe Dance Studio

Fall Registration form



Name _____

Age _____

Name of Dance School (if applicable) _____

Brief Outline of Dancing Experience _____

Parent/Guardian's Name (if student is under 18) _____

Contact Info

Address _____

E-mail Address _____

Phone Number _____



Release of All Claims

I hereby acknowledge that I, (or my child, if student is under 18) do not have any health condition that would limit my ability to participate in this workshop. I assume the physical risk of any injury arising from the workshop, and in consideration of my or my child's participation in these classes, I release, waive, and discharge all organizers, instructors, studios and facilities, from any and all liability that they or any of them may have to me, my child, or my or my child's heirs, executors or assigns.

Signature _____

Date _____

Child's

Signature _____

Contact Owner

Sarah Ducote Marceaux

P# 318-359-7320