

*Linton*Dance

**Registration Form**

(914) 205-3455  
lintondance.com

Students Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Class: \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ cell phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Special Needs or allergies: \_\_\_\_\_

I, the undersigned, understand that dancing is a physical activity that carries certain risks. I do hereby agree to hold harmless Linton Dance, its Directors and Employees from any and all claims for personal injuries to my self, my child while participating in said dance activities.

I have read, and comply with the above statement:

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

Date: \_\_\_\_\_

