



Registration Days:

Thursday, Aug. 18th 5-7pm & Saturday Aug 20st 10am-noon in our studio

2022-2023 Registration Form

Student's Name _____ Date of Birth _____

Address _____
Street City State Zip Code

Parent/Guardian Name _____ Best Contact Number _____

E-Mail _____ Preference for class day and time _____

How did you hear about us? _____

Receive one month's FREE tuition for any new family you refer to us when they stay the year.

tamra@lathropschoolofdance.com – (203) 426-5757 –
www.lathropschoolofdance.com

Mailing address: P.O. Box 73, Newtown, CT 06470

Studio location: Edmond Town Hall building, 45 Main St, Newtown, CT

LATHROP SCHOOL OF DANCE
P.O. BOX 73, NEWTOWN, CT 06470

Waiver of Liability

I, the undersigned parent or legal guardian of the dancer(s) _____,
do hereby give permission for the aforementioned persons to participate in any and all classes,
programs, shows, and events offered by or attended by Lathrop School of Dance (LSOD). I hereby
accept all risks associated with that participation and understand that there is a full possibility of
physical illness or injury. I hereby covenant not to sue and waive, release and forever discharge
any and all rights and claims for damages, which may arise now or in the future against LSOD and
its owners, officers, directors, employees, and/or other assigned representative of volunteers from
any and all liability and for any and all damages and/or injuries which may be sustained or suffered
by the dancer(s) listed above while participating at or for LSOD.

I give permission for my child's or my picture to be used in publicity and school publications. I
understand that this may include Internet based advertising and the dance school website.

Signature of Parent or Legal Guardian _____

Date _____