



Registration Days:

Thursday, Aug. 19<sup>th</sup> 5-7pm & Saturday Aug 21<sup>st</sup> 10am-noon in our studio

## 2021-2022 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](mailto:tamra@lathropschoolofdance.com) – (203) 426-5757 –  
[www.lathropschoolofdance.com](http://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 \_\_\_\_\_