

**Craven Dance Studio  
Registration Form and Consent**

**Registration Form (\$35.00 per student)**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #2 \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #3 \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E Mail address: \_\_\_\_\_

Interest: Tap \_\_\_ Ballet \_\_\_ Pointe \_\_\_ Lyrical \_\_\_ Hip Hop Jazz \_\_\_

Pre-Dance Creative Movement \_\_\_ Daytime Creative Movement \_\_\_

**Consent Form**

Based upon consideration of my child or myself being allowed to participate in Craven Dance Studio classes, I hereby agree:

- A) I authorize my child or myself to participate in all of the Craven Dance Studio classes and programs;
- B) That I fully understand that this is a stretching, movement and dancing course in which an injury may occur;
- C) That I hereby release Craven Dance Studio and the dance instructor from any and all liability as a result or associated in any way with an injury to my child or myself.

**Please Complete the Following and Return**

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ \$35.00 Check or Money Order for registration fee \_\_\_\_\_

Return to: Barb Craven  
8106 Windward Trace Circle NW  
Massillon, Ohio 44646

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