

**\*NEW Students:** Please tell us who referred you. 😊

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# LDC Registration

<b>For Office Use Only</b>	
Payment \$ _____	
Payment Method _____	Date: _____

<b>Student Information</b>			
<b>Name:</b> _____		<b>Date of Birth:</b> _____	
<b>Street Address:</b> _____			
<b>Home Ph. #:</b> _____	<b>Work Phone#:</b> _____	<b>Cell Phone#:</b> _____	
<b>Email Address:</b> _____			
<b>Parent/Guardian if under 18</b> (please print first and last name): _____			
<b>Primary Form of Contact</b> (circle one):		<b>Home#</b>	<b>Work#</b>
		<b>Cell#</b>	

<b>Classes &amp; Payment:</b>	
<b>CLASS:</b> _____	
<b>DAY/TIME:</b> _____	
<b>CLASS:</b> _____	
<b>DAY/TIME:</b> _____	
<b>CLASS:</b> _____	
<b>DAY/TIME:</b> _____	

<b>Payment:</b>	
<b>Plan A (Payment in Full)</b> <input type="checkbox"/>	<b>Plan B (Monthly)</b> <input type="checkbox"/>
<b>Plan C (3 payments)</b> <input type="checkbox"/>	
<b>Registration Fee (\$15 per student / \$25 per family)</b> _____	

**Authorization and Release-**

*I understand I should consult my physician before beginning any exercise/dance program. I release Limelite Dance Center, LLC of all liability for injuries sustained during and as a result of classes I participate in. I agree to the tuition fee for all classes I participate in as determined by Limelite Management.*

**Signature of Student or Parent/Guardian (if student is under age 18):**

X \_\_\_\_\_