



---

---

Registration Form & Liability Waiver

Name: \_\_\_\_\_

Female: \_\_\_\_ Male: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact #'s: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Class(es) Desired:

\_\_\_\_\_

List injuries or ailments that may affect class performance:

\_\_\_\_\_

Has condition been treated? Yes: \_\_\_\_ No: \_\_\_\_ N/A: \_\_\_\_

Please read the following and sign below: I understand that Carol Crawford Smith and other faculty of The Center of Dance are well-trained qualified professionals who teach safe dance. The Center of Dance operates under an assumed-risk clause, and I will under no circumstances hold any instructors of/or The Center of Dance liable for any injury or ailment I/my child may obtain due to my/his or her negligence or folly during visits at The Center of Dance.

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

All students must submit completed form with registration fee and class payment payable to The Center of Dance, 460 Turner Street, Suite 101, Blacksburg, VA 24060 or hand deliver.  
Thank you.

Below For Office Use Only:

Date

Amt Pd

Ck # or Cash

---

Location: 460 Turner Street, Suite 100 (Collegiate Square) • Blacksburg, VA  
Mailing: 400 Ardmore Street, Blacksburg, VA 24060 • 540-961-3519 • [www.thecenterofdance.com](http://www.thecenterofdance.com)

Carol Crawford Smith, Founder and Artistic Director