



# The Dance Lab Teacher Training Registration form

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Are you a:

- |  |   |
|--|---|
| <input type="checkbox"/> Children's librarian    | <input type="checkbox"/> Dance educator       |
| <input type="checkbox"/> Classroom teacher       | <input type="checkbox"/> Dancer/Choreographer |
| <input type="checkbox"/> Creative Arts Therapist | <input type="checkbox"/> Parent/Guardian      |
| <input type="checkbox"/> Other (specify) _____   |   |

Do you currently work with children?  Yes  No Ages \_\_\_\_\_

Describe your current and/or past experiences with children:

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Do you have any other related professional or educational experiences?

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Describe your own personal dance study and practice:

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What are your intentions for sharing dance with children?

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Have you attended any classes, events, or Teacher Trainings with The Dance Lab?

Yes  No      If yes, which one(s)?

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Have you participated in any other dance trainings or teacher trainings?

Yes  No      If yes, where and when?

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What do you hope to learn from The Dance Lab Teacher Training? (We will do our best to include your specific interests)

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Level of education:

Certified dance teacher       Graduate degree  
 College (undergraduate)       High School  
 Other (specify) \_\_\_\_\_

List any physical limitations:

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How did you hear about The Dance Lab Teacher Training?

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Training Dates	Age Group	Registration Instructions
Dates: _____ Year: _____	_____ 4-8 yr. olds _____ 8-12 yr. olds	A completed registration form and \$40 non-refundable reg & materials fee are required to guarantee placement.
Note: Full tuition is due 2-weeks prior to the start of the training		
Payment: Registration fee: \$ _____ Tuition: \$ _____ Tuition Due Date: _____ Payment type: Cash _____ Check _____ (payable to The Dance Lab)		

**Please read and give consent:**

I, individually, hereby acknowledge the following notices and grant The Dance Lab the following release: **Liability Release:** I acknowledge and fully understand that I will be engaging in physical activities that may involve some risk of injury. I acknowledge that I have been advised to consult with my physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my participation in The Dance Lab Teacher Training. I assume the foregoing risks and accept personal responsibility for any personal injury sustained by my child or me. I discharge and hold harmless The Dance Lab, its owners, directors, teachers, employees, and agents from any claim, cause of action or liability for damages arising from any personal injury to me, my child or other persons or property caused by my or my child's participation in The Dance Lab program, that the foregoing shall not apply to the intentional or grossly negligent acts of The Dance Lab. **Photo Release:** I acknowledge that I may be photographed during The Dance Lab Teacher Training and these photographs, which shall be owned by The Dance Lab, may appear in Dance Lab promotional materials unless otherwise specified. No photograph used will be identified by name, nor will any compensation be extended for such use. **Cancellations and Changes:** If a written request is received at least 3 weeks prior to the training, a refund will be issued less the registration & materials fee and a \$50 processing fee. Payments from cancellations may be applied to another teacher training within one year; a \$50 processing fee will be charged for any course change. Cancellations within 2 weeks of the training are non-refundable. The Dance Lab reserves the right to combine or cancel trainings and/or modify teacher trainers.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Dance Lab**  
 12 West Camden Ave.  
 Moorestown, NJ 08057  
 www.thedancelab.com  
 CandaceCarriger@thedancelab.com  
 856-246-7068