



# Student Information Form

2022 ~ 2023

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Adult Guardian Name \_\_\_\_\_ relationship to student \_\_\_\_\_

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

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

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

I, individually, and/or as parent/guardian of the minor identified above, hereby acknowledge the following notices and grant The Dance Lab the following release: **Liability Release:** I acknowledge and fully understand that I and/or my child will be engaging in physical activities that may involve some risk of injury. I acknowledge that I have been advised to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation in The Dance Lab program. 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. Provided, however, that the foregoing shall not apply to the intentional or grossly negligent acts of The Dance Lab. **Photo Release:** I acknowledge that my child may be photographed during The Dance Lab classes and these photographs, which shall be owned by The Dance Lab, may appear in Dance Lab promotional materials unless otherwise specified. No child, whose photograph is used, will be identified by name, nor will any compensation be extended for such use.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about The Dance Lab? \_\_\_\_\_

Any physical limitations we should be aware of to provide your child with a positive experience

\_\_\_\_\_

Any specific goals you would like your child to achieve during this class/workshop/creative experience

\_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

Check payable to: **The Dance Lab**

The Dance Lab 12 West Camden Ave. Moorestown NJ 08057

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