



# REGISTRATION FORM 2023-2024

601 Race Street, Elizabethton, TN 37643 1742 B Edgemont Avenue, Bristol, TN 37620

22-23 Dancers: This form must be turned into WDS by May 12, 2023 to waive the Registration fee of \$15  
Date Returned \_\_\_\_\_

Please check location:  
Elizabethton Studio \_\_\_\_\_  
Bristol Studio \_\_\_\_\_

## Desired Schedule

(Placement based on WDS approval)

Day \_\_\_\_\_

Class level \_\_\_\_\_

Time \_\_\_\_\_

## Classes Desired

Tap \_\_\_\_\_

Ballet \_\_\_\_\_

Tumbling \_\_\_\_\_

Jazz \_\_\_\_\_

Hip-Hop \_\_\_\_\_

Contemporary \_\_\_\_\_

Adult \_\_\_\_\_

Other \_\_\_\_\_

Please Print clearly

Dance's Name \_\_\_\_\_

Age in Sept \_\_\_\_\_ Grade in Sept \_\_\_\_\_ Birthday \_\_\_\_\_

Parent or Guardian' Name \_\_\_\_\_

Main Cell Phone- Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

2nd Phone- Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

3rd Phone- Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Family Address \_\_\_\_\_

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

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

Person Responsible for Payment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Previous Dance Training Listed by individual subjects (years)

\*Optional for former WDS dancers

Ballet \_\_\_\_\_ Tap \_\_\_\_\_ Jazz \_\_\_\_\_ Tumbling \_\_\_\_\_ Hip Hop \_\_\_\_\_

How did you learn about WDS?  
\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

### Shoes:

Basic Ballet: Color-Pink

Size \_\_\_\_\_ Child / Adult

Rev Ballet- Pink

Size \_\_\_\_\_ Child / Adult

Tumbling Color-Black

Size \_\_\_\_\_ Child / Adult

Jazz: Color- Black / Tan

Size \_\_\_\_\_ Child / Adult

Basic Tap: Color- Black/ Tan

Size \_\_\_\_\_ Child / Adult

Oxford Tap: Black

Size \_\_\_\_\_ Child/Adult

Point Shoes Style \_\_\_\_\_

Size \_\_\_\_\_ width \_\_\_\_\_

Reg Fee \$ \_\_\_\_\_

Shoes \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Total Amount Paid

\$ \_\_\_\_\_

Cash Square Ck# \_\_\_\_\_

Date \_\_\_\_\_

Reg 1 2

## WDS Waiver & Release

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/ or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Watts Dance Studio, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Watts Dance Studio"). I hereby agree to release Watts Dance Studio and hold Watts Dance Studio harmless of all liability and acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant at all Watts Dance Studio events. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. To support an environment of safety, I agree not to bring my child to WDS with a fever of 100 or higher or if my child is experiencing any symptoms of illness. I also give Watts Dance Studio permission to use my child's picture in or on any form of advertisement for Watts Dance Studio or a Watts Dance Studio affiliated event. I understand Watts Dance Studio is responsible only during stated class times. My child is my responsibility before and after class times. The participant has my permission to participate in Watts Dance Studio Events. I warrant the below information is complete and correct. I further release Watts Dance Studio of all liabilities associated with my child's attendance at Watts Dance.

Sign \_\_\_\_\_

Parent or Guardian Signature

Date