Watts Dance Studio

REGISTRATION FORM 2026-2027

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

25-26 Dancers: This form must be turned in to WDS by May 9, 2026, to waive the $15 Registration fee.

Date Returned_____

Desired Schedule
(Placement based on WDS approval)

Day_____

Class level_____

Time_____

Classes Desired

Tap_____

Ballet_____

Tumbling_____

Jazz_____

Hip-Hop_____

Contemporary_____

Adult_____

Other_____

DO NOT WRITE BELWO THIS LINE

Shoes:

Basic Ballet: Color–Pink
Size_____**Child / Adult**

Rev Ballet- Pink
Size_____**Child / Adult**

Tumbling Color-Black
Size_____**Child / Adult**

Basic Tap: Color– Black/ Tan
Size_____**Child / Adult**

Oxford Tap: Black
Size_____**Child/Adult**

Jazz: Color– Black / Tan
Size_____**Child / Adult**

Point Shoes Style_____
Size _____ **width**_____

Reg Fee $_____
Shoes $_____
Tuition $_____
Total Amount Paid
$_____

Cash Square Ck#_____
Date _____
Reg Early 1 2 online

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 (___)** _____

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?
_____

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 _____ Date_____
Parent or Guardian Signature

WDS has permission to charge my credit card for tuition, costume fees, etc. I understand my current card must be kept on file with square for this convenience.

Sign _____ Date_____