
(863) 409-9952
www.crystalsworldofdance.com
Fall Dance 2016-2017

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Returning Student _____Yes ____No

Student(s) Full Name:_____ Date of Birth_____ Age:_____

Full Name:_____ Date of Birth_____ Age:_____

Full Name:_____ Date of Birth_____ Age:_____

Full Name:_____ Date of Birth_____ Age:_____

Parents Full Name:_____Email Address_____@_____.com

Address_____ City_____Zip_____

Telephone Numbers: (H)_____(C)_____ (W)_____

Class Type:_____

Liability Waiver: It is expressly understood and agreed by the undersigned that Crystal's World of Dance, the City of Lakeland, Coleman Bush Building or Simpson Park Community Center, shall not be responsible or legally liable for any losses of personal property, or bodily injuries as a result of participation in dance school related activities. In case of an emergency, I understand every effort will be made to contact me or the emergency contact person named below. In the event one of us cannot be contacted. I herby give my permission to the person in charge to select permission, to hospitalize, secure proper treatment for and to order injections, anesthetics or surgery necessary for the health of my child.

I have read and understood the liability wavier and agree to inform staff at Crystal's World of Dance if any of the emergency contact information I provided changes.

**Parent's Signature**_____Date_____

Please tell us what size your dancer wears:

Street Shoe Size:_____

Clothing Size:_____

T-Shirt Size:_____

Jacket Size:_____

Swim Suit Size:_____

(Please complete other side)


History:

Does your child have any medical concerns we should know about? _____

If yes please explain_____

Is your child currently taking any prescribed medications?_____ Is yes please

list_____

Does your child any allergies? _____ If yes please list_____

Physician's Name and Telephone Number_____(  )_____

Emergency Contacts: (must list two names other than parent)

Name:_____Telephone #_____ Relationship_____

Name:_____Telephone #_____ Relationship_____

I have read and understand all the rules and regulations regarding my child's membership at CWOD.

**Print Name:_____**

**Signature**_____ Date_____

**Staff Initial** _____ Date_____

Dancer's leotard measurements: _____

Performance Costume Measurements

Chest:_____

Bust:_____

Girth:_____

Length:_____

Hips:_____