



Joyce Lemos Aerial Arts Dance Academy, LLC (JLAADA) Registration Form

JLAADA Ninja Registry

Dancer/Aerialist Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday: _____

Medical Conditions: _____

Current Medications: _____

Allergies to Foods/Medications/Latex: _____

Special Notes: _____

Dancer/Aerialist Signature

Date

JLAADA Ninja Parent Registry

Parent/Legal Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parent/Legal Guardian Signature

Date