



STUDENT REGISTRATION

STUDENT'S NAME _____

BIRTHDATE _____ SCHOOL _____ GRADE _____

MEDICAL INFORMATION/HEALTH CONCERNS:

PARENT NAME (S) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAIN PHONE NUMBER _____ EMAIL _____

ADDITIONAL PHONE NUMBERS _____

I UNDERSTAND THAT DANCE IS A PHYSICAL ACTIVITY WITH INHERENT ASSOCIATED RISKS.
I UNDERSTAND THAT THE DANCE CENTER IS NOT LIABLE FOR INJURIES THAT MAY RESULT FROM
NORMAL DANCE ACTIVITIES. IF MY CHILD IS INJURED DURING CLASS AND REQUIRES MEDICAL
ATTENTION, I GIVE MY PERMISSION FOR MY CHILD TO BE TREATED AT THE NEAREST MEDICAL
FACILITY IN THE EVENT THAT I CAN NOT BE REACHED AT THE PHONE NUMBER (S) GIVEN ABOVE.

I CONSENT TO THE REPRODUCTION AND/OR USE OF PHOTOGRAPHS OF MY CHILD
FOR ADVERTISING OR PROMOTIONAL PURPOSES BY THE DANCE CENTER.

SIGNATURE _____