

## The Dance Academy REGISTRATION FORM

Student's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Email Address: \_\_\_\_\_

(if parent or guardian is not available):

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical: Does your student have any medical or physical limitations? Y or N

If so, please explain: \_\_\_\_\_

Is the student on any medications? Y or N \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Previous dance training? Y or N \_\_\_\_\_

Injuries/Wavierof Liabilities/ Authorization

I hereby acknowledge that I have received *The Dance Academy's* policy book containing all the rules and regulations and do agree to comply with them and that the information here in set forth is correct. I understand that there is a risk of personal injury with dance classes and performances. I represent that the above named student is in good health and physically capable of participating in dance classes, recitals, and performances. On behalf of myself (and the above named student if different than the undersigned), I hereby waive and release any claim against *The Dance Academy GC LLC, its owner, the staff, employees, landlord, and* contractors arising out of personal injury occurring in the connection with classes, performances or recitals. I accept responsibility for obtaining the appropriate accident, health, and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency, if I cannot be reached, I authorize you to seek any medical assistance reasonably required in your judgment and agree to be responsible for the medical expenses incurred on behalf of the student.

\_\_\_\_\_  
Signature of parent, guardian, or adult dancer

\_\_\_\_\_  
Date Signed

**FOR OFFICE USE ONLY:**

Class	Day/Time	Teacher	Tuition/Discounts/Total

Total Paid: \_\_\_\_\_

Paid By: \_\_\_\_\_

Ticket #: \_\_\_\_\_