

# Angelique's Modeling School

## REGISTRATION FORM

for

### 13 Week Modeling and Empowerment Class

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Info: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Preferred Class Time:

Monday 10:30 am to 12:30 pm

Friday 10:30 am to 12:30 pm

Tuesday 4:00 pm to 6:00 pm

Friday 4:00 pm to 6:00 pm

Wednesday 10:30 am to 12:30 pm

Friday 6:00 pm to 8:00 pm

*\*Your preferred time will be considered when placing you in a class, but it is not a guarantee that you will get the exact class you prefer. It is a first come first scheduled basis and is dependent on class size. If the class you prefer is already full, you will be placed into a different class time.*

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Minor Student:

I hereby grant permission for my son/daughter to attend Angelique's Modeling School. My child has no medical condition that would interfere with his/her participation. I release Angelique Yalda, Guest Coaches, and Star Light Dance Studio from any liability of any injuries that may occur.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

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Adult Student:

I am choosing to attend Angelique's Modeling School. I have no medical condition that would interfere with participation. I release Angelique Yalda, Guest Coaches, and Star Light Dance Studio from any liability of any injuries that may occur.

\_\_\_\_\_  
Signature of Adult Student

\_\_\_\_\_  
Printed Name of Adult Student