



“Life’s EPIC endarcement!”

Child/ Youth 2018/ 2019
REGISTRATION

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____ MI: _____
BIRTHDATE __/__/____ IMMEDIATE FAMILY ENROLLED: _____

HOME ADDRESS: _____

MAILNG ADDRESS (If different from above): _____

HOME PHONE NUMBER: _____

PARENT/ GUARDIAN NAME: _____

CELL PHONE NUMBER: _____ E-MAIL: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

PARENT/ GUARDIAN NAME: _____

CELL PHONE NUMBER: _____ E-MAIL: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

EMERGENCY CONTACT NAME: _____

RELATION TO STUDENT _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

ADDRESS: _____

STAFF USE ONLY

- | | | | | |
|--------------------------------|------------------------------|-------------------------------|------------------------------|----------------------------------|
| <input type="checkbox"/> TRIAL | <input type="checkbox"/> B__ | <input type="checkbox"/> P__ | <input type="checkbox"/> J__ | <input type="checkbox"/> HH__ |
| <input type="checkbox"/> PD1 | <input type="checkbox"/> B__ | <input type="checkbox"/> PP__ | <input type="checkbox"/> T__ | <input type="checkbox"/> PJ/HH__ |
| <input type="checkbox"/> PD2 | <input type="checkbox"/> B__ | <input type="checkbox"/> BB__ | <input type="checkbox"/> K__ | <input type="checkbox"/> HH__ |
| | <input type="checkbox"/> B__ | <input type="checkbox"/> O__ | _____ | |



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PRIOR DANCE EXPERIENCE

1) Have you studied dance previously? YES NO

a. If yes, Where:

Types of Dance:

Number of Years Enrolled:

2) Please, briefly share future dance goals: _____

3) Please check reason(s) for enrolling:

- | | | |
|--|--|---|
| <input type="checkbox"/> Casual Student | <input type="checkbox"/> Serious Student | <input type="checkbox"/> Visiting Professional |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Visiting | <input type="checkbox"/> School Dance Team | <input type="checkbox"/> School Theater Program |
| <input type="checkbox"/> Interest in Pursuing Profession | | |
| <input type="checkbox"/> Other: _____ | | |

How did you hear about E.P.I.C.:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Flyer/ Brochure | <input type="checkbox"/> Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Pintrest | |
| <input type="checkbox"/> Friend/ Family Name: _____ | | |
| <input type="checkbox"/> Other, please specify: _____ | | |