

## **ADK Dance Studio 2022 Fall Registration Form**

Student's Name:		Date of Birth:		
Address:		City/Town, Zip		
Parent/Guardian Name:		(Cell#)	(Cell#)	
Email Address:		(Home#	(Home#)	
Но	ow did you hear about us?			
Do	you have any medical problem(s) that we should	be aware of? Yes	No	
Do	o you have any allergies? Yes No _	If yes to medicate	al/allergies, please explain:	
Au	uthorized people to pick up from event:			
1)	Event Name	Event Date		
2)	Event Name	Event Da	Event Date	
3) Event Name Event Date		ate		
	Children's events: Pre-registration required Fun activities, games, cr	with non-refundable \$15 d afts and peanut-free snack	• • • • • • • • • • • • • • • • • • • •	
	Adult Events: Pre-registration required for s	pecial events.		
	heck made payable to ADK Dance Studio, and maderopped off during studio hours. Cash and credit	•	et, Braintree, MA 02184	
En	mergency Contact Name, Relation:			
Со	ontact's Phone:			
I he illn Ge tre am he tak	ELEASE: hereby release ADK Dance Studio, employees/indeness or property damage occurring on or off the studeneral Information and Studio Policies as outlined. Exament at the nearest medical facility and they man inbulance if I am not able to authorize it in the case walth and capable of participating in physical activities and use photographs for promotional uses for the	. idio's premises. I have read I authorize ADK Dance Stury call paramedics and discharge of an emergency. I certify the services. I hereby give permission	ADK Dance Studio's dio to seek medical arge me/my student to an hat my student is in good n to ADK Dance Studio to	
Sic	gnature Parent/ Guardian/ Responsible Party	Date		

ADK Dance Studio • 519 Washington Street • Braintree, MA 02184 www.adkdance.com • 781-917-5298 • adkdancestudio@gmail.com