



## Student Registration Form

### Student Information

Student's Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Phone (2): \_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Billing Phone # \_\_\_\_\_

### Legal Release and Policy Acceptance (please initial)

\_\_\_ I/we understand the academy conduct

\_\_\_ I/we understand the risks related to dance

\_\_\_ I/we give media use rights permission

\_\_\_ I/we understand the attendance policy

\_\_\_\_\_  
Signature / Responsible Party

\_\_\_\_\_  
Date

### Medical

Allergies: \_\_\_\_\_

Will your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_

If yes – Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_