

Signup Date: _____



New Student Registration Form

Student Information

Student's Name: _____

Date of Birth (MM/DD/YYYY): _____

Mailing Address:

Primary Phone: _____

Phone (2): _____

Name of Parent/Guardian: _____

Primary Email Address:

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies

___ I/we understand my billing obligations

___ I/we understand the risks related to dance

___ I/we understand my responsibilities for my property

___ I/we understand the dress code

___ I/we understand the schedule

___ 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:
