



**REGISTRATION FORM**

DATE: \_\_\_\_\_

New Student

Existing Student

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME (IF UNDER 18): \_\_\_\_\_

STUDENT'S AGE: \_\_\_\_\_ STUDENT'S BIRTH DATE: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT'S NAME: \_\_\_\_\_

EMERGENCY CONTACT'S PHONE #: \_\_\_\_\_

**CLASSES REGISTERING FOR:**

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ TYPE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ TYPE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ TYPE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ TYPE: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ TYPE: \_\_\_\_\_

I have read and fully understand the Studio Information and Policies and agree to follow them. I understand the risks of physical injury inherent in dance and dance performances and I am willing to assume these risks. I agree that I will not hold the Alma Dolores International Dance Centre, its directors or its employees liable for injuries or illnesses contracted by me or my children or students while in attendance and or participating in any activity from the Alma Dolores International Dance Centre.

STUDENT'S SIGNATURE (PARENT IF UNDER 18): \_\_\_\_\_

**For Office Use:**

1<sup>ST</sup> Month Payment: \$ \_\_\_\_\_  Paid

Registration Fee: \$ \_\_\_\_\_  Paid