



2009 – 2010 Student Registration

Please fill out completely and advise us immediately if any of this information changes.

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

HOME ADDRESS: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

HOME TELEPHONE NO.: ( ) \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

EMERGENCY PHONE NO.: ( ) \_\_\_\_\_

CONTACT: \_\_\_\_\_  
(Name if other than parent)

Email address: \_\_\_\_\_

(Email addresses will be used for billing and sending studio information)

Is this your first year at Dance Expressions: \_\_\_\_\_ If no is this a new address: \_\_\_\_\_

Referred by / How did you hear about us? \_\_\_\_\_

MEDICAL INFORMATION or SPECIAL NEEDS (Allergies, asthma, contact lens, recurring injuries, etc.):

\*\*\*\*\*

CLASS TIMES: \_\_\_\_\_

TUITION: \_\_\_\_\_

\_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_

\_\_\_\_\_

Check No: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Please initial:

\_\_\_\_\_ I have read and understand the policies and procedures of dance expressions.

\_\_\_\_\_ I have read, understand and concur with the emergency medical release for dance expressions.

\_\_\_\_\_ I have read, understand and concur with the photo consent to publish for dance expressions.

The application for these lessons being accepted, I hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for any damages that I may have against *Dance Expressions*, its owners, instructors and staff.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date