



2011 – 2012 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