

New Student Registration Form

Student Information

Student's Name: _____ Date of Birth (MM/DD/YYYY): _____

Address:

Phone: _____ Phone (2): _____

Email Address: _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies

___ I/we understand the Covid policy

___ 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

Classes

Class Name	Meeting Date(s) / Time

Medical

Allergies: _____

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

If yes – Explain: _____