

Student Information

Full Name: _____

- Date of Birth: ____ / ____ / ____
- Age: ____
- Address: _____
- City: _____ State: ____ ZIP: _____
- Phone Number: (____) ____ - _____
- Email: _____

Parent/Guardian Information *(If student is under 18)*

- Name: _____
- Phone Number: (____) ____ - _____
- Email: _____

Class Enrollment

- ☐ Ballet
☐ Hip Hop
☐ Jazz
☐ Contemporary
☐ Tap
☐ Tumbling
☐ Combo (ages 3-6)
☐ Adult Class
Other (please specify): _____

Preferred Class Day/Time: _____

Medical Information

- Allergies or Medical Conditions: _____
- Medications: _____
- Doctor's Name: _____ Phone: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: (____) ____ - ____

Waiver of Liability & Photo Release, the undersigned, acknowledge and understand that participation in dance classes involves physical movement and risk of injury. I agree to release and hold harmless [Dance Studio Name], its staff, instructors, and agents from any and all liability, claims, or demands arising from participation in classes or events. I affirm that I/my child is in good physical condition to participate.

- ☐ I give permission for photos/videos of myself/my child taken during classes or events to be used for promotional purposes by [Dance Studio Name].
☐ I do **not** give permission for photos/videos to be used

Agreement & Signature

I certify that the information provided is true and correct. I have read and agree to the waiver of liability. **Signature (Student or Parent/Guardian):** _____
Date: ____ / ____ / ____