

Dance Legacy

Registration Form 2009-2010

(Annual insurance fee \$25.00)

Today's Date ___/___/___

Student Information :

Student's Name _____

Date of Birth ___/___/___ Student's Current Age _____ Grade in School _____

What class/es are you registering for? _____

What Day/s? _____ Time? _____ Start Date ___/___/___

Do you have prior dance training? _____ Name of previous dance school _____

Health Problems/Injuries _____

Parent/Guardian OR Adult Student Information :

Parent's Name _____ Cell Phone _____

Work Phone _____

Parent's Name _____ Cell Phone _____

Work Phone _____

Address _____ City _____

Zip Code _____ Home Phone _____

Email Address _____

For all school correspondences and newsletters. We will not give to other companies.

Emergency Contact (other than parent) _____

Phone _____ Relationship to student _____

How did you hear about us? _____

Registration Information :

____ Please fill out one form per student.

____ Include the \$25 annual insurance fee per student.

____ Sign and return the Photo Release, Parent Agreement and Waiver form.

____ Make checks payable to : Dance Legacy