

Student Name _____ Age _____ Students Gender _____ Birthdate _____

Street Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Students E-mail _____

Students Allergies _____ Medications _____

Disabilities _____

Primary Doctor _____ Health Insurance Carrier _____

Contact/ Emergency Information

Parent or Guardian _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email Address _____

Emergency Contact (other than parent/guardian) _____

Relationship to student _____ Phone _____ Cell Phone _____

Describe any other medical condition you feel we should be aware of (diet restrictions, asthma, etc.)

Dance History _____

Is this the student's first year of dance? _____

Years of dance training completed _____ Former dance school(s) _____

What class/classes are we signing up for:

Class: _____ Day _____ Time _____

Class: _____ Day _____ Time _____

Class: _____ Day _____ Time _____

Class: _____ Day _____ Time _____

Class: _____ Day _____ Time _____