

Dance Arts of Holly Dancer Registration Form

Student Information

Dancer's Name: _____ Gender: _____

Date of Birth (MM/DD/YYYY): _____ Age at time of registration: _____

Parent/Guardian names: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency contact name: _____ Phone: _____

Primary Email Address: _____

**Email is the primary source of communication to our families. It is *imperative* that we have the most up to date email address to ensure you are receiving all updates, news, and billing statements. **

Medical

Allergies: _____

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

If yes – Explain: _____

How did you hear about Dance Arts of Holly? _____

Legal Release and Policy Acceptance (please initial)

___ I/we understand the Studio Policies

___ I/we understand my billing obligations

___ 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

