

The Dance Experience

Family Registration Form

Dancer(s) last name _____

Dancer(s) first name(s) and birth dates (day/month/yr)

_____	_____
_____	_____
_____	_____

Street address _____

City/Town _____ Postal Code _____

Home Phone _____ email _____

Bus. Phone _____ (parents name) _____

Cell Phone or other emergency contact _____

Medical conditions we should be aware of

As with any physical activity, there is a risk that injuries may occur in dance classes. As the guardian of the above named child(ren), or as a participant over the age of 18, I acknowledge and accept that risk.

Signature of parent or guardian: _____

For Terri's use only:
