



STUDENT REGISTRATION FORM

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____ : Age _____
(mm/dd/yyyy) (before Dec. 31st)
Home Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Email: _____

PARENT(S)/GUARDIAN(S) INFORMATION

Name: _____ Phone: _____ Cell: _____
Email: _____ Add to mailing list.
Name: _____ Phone: _____ Cell: _____
Email: _____ Add to mailing list.
Child Lives With: (please check one): Both Father Mother Guardian

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Cell: _____
Name: _____ Phone: _____ Cell: _____
Doctors Name: _____ Phone: _____

Additional health related information: (eg. allergies, asthma)

TYPES OF DANCE (Please check all that apply)

- | | | | |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Tap | <input type="checkbox"/> Ballet | <input type="checkbox"/> Pointe | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Hip Hop Acro | <input type="checkbox"/> Jazz | <input type="checkbox"/> Breaking & Workout | <input type="checkbox"/> Lyrical |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Musical Theater | <input type="checkbox"/> Dress Up & Dance | <input type="checkbox"/> Cardio Dance |
| <input type="checkbox"/> Dance Team | <input type="checkbox"/> Production | <input type="checkbox"/> Dance Camp | <input type="checkbox"/> Lego Camp |

Additional information:

Alexandria's Dance Studio is not liable for any person injuries, loss, or damages sustained. I

Signature of Parent/ Guardian

Date

Alexandria's Dance Studio has my permission to use my photos & videos for studio use (including webpage).

If under 18 years of age, parents signature is required.

Signature of Parent/ Guardian

Date