

# STUDIO Registration Form

## STUDENT INFORMATION:

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ Apt \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Former dance training if any: \_\_\_\_\_

## MOTHER / GUARDIAN:

Name: \_\_\_\_\_

Address same as student? Yes \_\_\_\_\_ No \_\_\_\_\_ If no: \_\_\_\_\_  
(Street) (City) (State/Zip)

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

## FATHER / GUARDIAN:

Name: \_\_\_\_\_

Address same as student? Yes \_\_\_\_\_ No \_\_\_\_\_ If no: \_\_\_\_\_  
(Street) (City) (State/Zip)

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

## EMERGENCY:

Person to contact if guardians cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Group #: \_\_\_\_\_ Identification #: \_\_\_\_\_

Any medical conditions we should be aware of: \_\_\_\_\_

**OTHER INFORMATION:**

List other activities and/or sports this student participates in:

\_\_\_\_\_  
\_\_\_\_\_

Who will transport this student to and from the studio? Parent/Guardian \_\_\_\_ Other: \_\_\_\_ If other:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

**PERMISSION AND RELEASES:**

In case of emergency, when neither parent/guardian or emergency contact can be reached I, \_\_\_\_\_ give my permission to the instructor or person in charge of the STUDIO permission to transport my child to the nearest medical facility for emergency treatment.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

I do hereby agree to indemnify and hold harmless the owners and employees from any and all liability arising from dance instruction and use of the premises located at 90 Woodworth Avenue, Jamestown, New York.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

I give my permission for images taken of my child, captured during regular and special dance activities through video, photo and digital camera, to be used for the sole purpose of STUDIO promotional material, publications and website.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**ADULT DANCERS ONLY:**

I give my permission for images taken of me, captured during regular and special dance activities through video, photo and digital camera, to be used for the sole purpose of STUDIO promotional material, publications and website.

\_\_\_\_\_  
(Signature) (Date)