2026/2027 REGISTRATION FORM

Registration Fee: $20/student or $35/family (circle one)

Class Enrolling In: _____ **Check #** _____ **Date** _____

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: _____

Parent/Guardian 1:

Name: _____ Relationship to child:_____

Address same as student? Yes ____ No ____ If no: _____

Telephone - Home: _____ Work: _____ Ext: _____ Cell: _____

Parent/Guardian 2:

Name: _____ Relationship to child:_____

Address same as student? Yes ____ No ____ If no: _____

Telephone - Home: _____ Work: _____ Ext: _____ Cell: _____

Emergency Contact (person to contact if parents/guardians can't be reached):

Name: _____ Relationship: _____

Telephone - Home: _____ Work: _____ Ext: _____ Cell: _____

Student's physician: _____ Telephone: _____

Insurance carrier: _____ Group #: _____ Identification #:_____

Any medical conditions/food allergies we should be aware of: _____

Transport:

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)

I hereby give my permission to be invited to the *Studio Dance Conservatory* group and contacted through the "BAND" app.

Preferred Phone Number:_____

_____

(Parent/Guardian Signature) (Date)

I hereby give my permission for my child to be invited to the *Studio Dance Conservatory* group and contacted through the "BAND" app. (optional)

Preferred Phone Number:_____

_____

(Parent/Guardian Signature) (Date)

ADULT STUDENT PERMISSIONS AND RELEASES:

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)

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.

_____

(Signature) (Date)

I hereby give my permission to be invited to the *Studio Dance Conservatory* group and contacted through the "BAND" app.

Preferred Phone Number:_____

_____

(Parent/Guardian Signature) (Date)