

Sarah's Dance Studio

2010-2011 REGISTRATION/INFORMATION SHEET (Due by July 1st!)

Students Full Name: _____ **School Grade (for 10-11):** _____

Dance Class Attending (Day and Time 09-10): _____

Email Address (Parent): _____

Students Home Address: _____ City: _____ Age: _____ DOB: _____

Students Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Parents Information:

Parents/Guardian Full Name(s): _____

Home Address: _____ Home Phone: _____

Mother place of employment: _____

Phone: _____

Father place of employment: _____

Phone: _____

Does the student above have any health conditions? _____ If yes please explain: _____

Emergency Contact person: _____ Phone: _____

****Please read and check the following:**

___ By checking this box all correspondence with the dance studio including newsletters, notifications, will be sent electronically through email

___ By checking this box you do not have access to an email address and will receive information through hard copy.

Waiver of liability waive and release Sarah Sonnenschein or any person in the employment of Sarah's Dance Studio, from any and all liabilities for personal injury of any kind, which arise out of or relate to above students participation in dance class, or in the dance studio.

Signature: _____

Date: _____