



<input type="checkbox"/> New Student
<input type="checkbox"/> Returning Student
____ Age

Registration Form

1. Student Name (First/Last): _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

*Please list any medical conditions or dietary restrictions our staff should be aware of:

*Please list any medication the studio must have on hand:

2. Parent/Guardian Name (First/Last): _____

Address: _____ City: _____ Zip: _____

Home#: (____) _____ Cell #: (____) _____ Work #: (____) _____

3. Billing Information: (all invoices, newsletters and studio updates will be emailed to this address)

Email: _____

4. Emergency Contact (other than parent/guardian): Relationship to Student: _____

Name (First/Last): _____ Phone #: (____) _____

5. New students:

How did you hear about us? Newspaper Internet Pamphlet Referred by: _____

Years of Dance Training: _____ Former Studio(s): _____

6. Please list all persons authorized to pick up your child from class:

1. Name: _____ Relationship to Child: _____ Phone #:(____) _____

2. Name: _____ Relationship to Child: _____ Phone #:(____) _____

7. PHOTOGRAPHIC RELEASE:

I agree that my child's picture or likeness can be represented and published in any Steps Ahead Dance Studio publication or media. Yes No



8. Class Participation: *(to be filled out by studio personnel)*

Class 1: _____ **Day/Time:** _____ **Instructor:** _____

Class 2: _____ **Day/Time:** _____ **Instructor:** _____

Class 3: _____ **Day/Time:** _____ **Instructor:** _____

Class 4: _____ **Day/Time:** _____ **Instructor:** _____

Class 5: _____ **Day/Time:** _____ **Instructor:** _____

Class 6: _____ **Day/Time:** _____ **Instructor:** _____

Class 7: _____ **Day/Time:** _____ **Instructor:** _____

Class 8: _____ **Day/Time:** _____ **Instructor:** _____

We, the staff at Steps Ahead Dance Studio, recognize our obligation to make sure our students and their parents are aware of the risks and hazards involved in the sport of dance. By signing this waiver, you release Steps Ahead Dance Studio and all its employees from all claims on account of any injury which may be sustained by yourself or your child while attending any dance class or event associated with Steps Ahead Dance Studio.

In signing this waiver, you also acknowledge your responsibility in paying monthly tuition, costume costs and any entry fees for performances or competitions.

Signature of Parent/Guardian: _____ **Date:** _____