



For Internal Use Only: S# _____ F# _____
--

**2009 – 2010 Student Registration Form**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

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

Work Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

Parent Email address **(REQUIRED)** : \_\_\_\_\_

Emergency Contact Name (**other than a Parent**) & Phone Number

Name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_



**Classes:**

Class: \_\_\_\_\_ Day /Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Class: \_\_\_\_\_ Day /Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Class: \_\_\_\_\_ Day /Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Class: \_\_\_\_\_ Day /Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Class: \_\_\_\_\_ Day /Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Class: \_\_\_\_\_ Day /Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

Class: \_\_\_\_\_ Day /Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

All About Dance LLC assumes **NO** responsibility of loss or personal injuries occurred while on the All About Dance premises. My child is covered on our personal/family insurance policy. My personal/family insurance policy is the only source of reimbursement if injury occurs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_