



For Internal Use Only: S# _____ F# _____
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2010 – 2011 Student Registration Form

Student Name: _____ Birthdate: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: () _____ - _____

Parents Name: _____

Cell Number: () _____ - _____

Work 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: _____