

* One registration form per child. This form may be photo copied for additional students. Additional copies may also be picked up at the studio.
 \$20 registration fee per family



EMERGENCY MEDICAL/REGISTRATION FORM

STUDENT NAME Male <input type="checkbox"/> Female <input type="checkbox"/>	PARENT(S) NAME(S)
ADDRESS	HOME PHONE #
E-MAIL ADDRESS (for monthly newsletter, cancelations, etc.)	CELL PHONE #
ACADEMIC SCHOOL	GRADE
BIRTH DATE (M/D/Y)	CURRENT AGE
Are you new to Dancekids? (circle) Yes No	If no, number of years with Dancekids _____
The undersigned grants permission to Dancekids to take photographs and/or video of their child for use in coverage of an event, advertising and for any lawful purpose without compensation to the child/family. Parent's Signature _____ Date _____	
ALLERGIES? (IF YES, PLEASE LIST HERE)	IS YOUR CHILD CURRENTLY ON ANY MEDICATION THAT COULD AFFECT EMERGENCY CARE? (If yes list here)
AUTHORIZATION TO CALL 911 IF WE CANNOT REACH YOU IN THE EVENT OF AN EMERGENCY? _____ YES _____ NO	AUTHORIZATION FOR MEDICAL PERSONNEL TO PROVIDE EMERGENCY TREATMENT? _____ YES _____ NO
PARENT'S SIGNATURE	DATE

My Student will be registering for, please list: Day, time & Class Example: Mon., 4:15, Beg. Acro

- 1) _____, _____, _____
- 2) _____, _____, _____
- 3) _____, _____, _____
- 4) _____, _____, _____
- 5) _____, _____, _____
- 6) _____, _____, _____