

★ CLASS ACT DANCE STUDIO ★
REGISTRATION FORM 2013-2014

HOW DID YOU HEAR ABOUT US? (please circle)

Website Search Word of Mouth Family/Friend Banner Display
Newspaper Phone Directory Flier/Brochure
Referral Name: _____ Other: _____

STUDENT INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: (circle) Male Female

Allergies/Medication: _____

Number of years of Dance Experience: _____

Previous Studio: _____

FAMILY CONTACT INFORMATION

Contact #1 Parent/Guardian

First Name: _____

Last Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Contact #2 Parent/Guardian

First Name: _____

Last Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Emergency Contacts other than those listed above

Name: _____ Phone: _____

Name: _____ Phone: _____

MEMBERSHIP LOGIN

Family Email/Login: _____

Password: : _____

Re-type Password: _____

I would like to learn more about the competition program.

Send me email related to my account and classes.

* I understand the programs of Class Act Dance Studio. I acknowledge that there is a risk of injury when receiving dance or acrobatic instruction. In consideration of Class Act Dance Studio providing instruction to me/my child, I release and forever discharge the Studio and its employees from any and all liability, claim, or loss arriving from an injury to me/my child and waive any such claims against the Studio and its employees.

* Class Act Dance Studio has permission to use a photograph of my child for advertising and marketing purposes

Signature: _____