

STUDIO A
REGISTRATION FORM

Date _____

Name _____

Address _____

City _____ Zip _____

Telephone No. _____ Work No. _____

Birthdate _____ Parent/Guardian _____

Emergency Contact _____ Telephone No. _____

Please list and explain any existing medical or health problems / situations which the teacher should be aware of (asthma, diabetes, epilepsy, etc.)

Specify classes desired (day and time):

1. _____	10. _____
2. _____	11. _____
3. _____	12. _____
4. _____	13. _____
5. _____	14. _____
6. _____	15. _____
7. _____	
8. _____	
9. _____	

Amount paid (Please include \$15 annual registration fee) \$ _____

How did you hear about STUDIO A? _____

Waiver and Release

I hereby release the officers, directors, employees, and contractors of Studio A Dance Instruction, Inc. from any and all claims for damages, injuries, and property loss which I or my children may sustain while participating in any activity connected with Studio A.

Signature of Student (or legal guardian, if student is under 18 years of age)

Date