

STUDIO A
REGISTRATION FORM

Date _____

Name _____

Address _____

City _____ Zip _____

Telephone No. _____ Cell No. _____

Birthdate _____ Parent/Guardian _____

Emergency Contact _____ Telephone No. _____

Email address (required): _____

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